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COMMISSION OF INQUIRY
INTO THE
NON-MEDICAL USE OF DRUGS

COMMISSION D'ENQUETE
SUR L'USAGE DES DROGUES
A DES FINS NON MEDICALES

April 17, 1970
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2 INTO THE
3 NON-MEDICAL USE OF DRUGS
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6 SUR L'USAGE DES DROGUES
7 A DES FINS NON MEDICALES
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14 BEFORE:
15 Gerald LeDain, Chairman,
16 Ian Campbell, Member,
17 H. E. Lehmann, M.D., Member,
18 James J. Moore, Executive Secretary,
19 J. Peter Stein, Member.
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RESEARCH:
Dr. Charles Farmilo,
Dr. Ralph Miller.
SECRETARY TO THE CHAIRMAN:
Vivian Luscombe.
April 17, 1970
Edmonton Public Library
EDMONTON, Alberta

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Edmonton, Alberta

---Upon commencing at 9:40 a.m.

THE CHAIRMAN: Ladies and gentlemen, I call this Hearing of the Commission of Inquiry into the Non-Medical Use of Drugs to order.

I should like to introduce the members of the Commission and staff who are present today. I first observe that I very much regret that two of our colleagues were unable to be here and have to remain in Montreal because of emergencies there, Dean Ian Campbell and Professor Marie Andree Bertrand.

On my right is Dr. Heinz Lehmann of Montreal; I am Gerald LeDain; on my left is Mr. James Moore, Executive Secretary for the Commission; on Mr. Moore's left is Mr. Peter Stein, a Commissioner from Vancouver. And at our table on the left is Dr. Charles Farmilo, Research Associate; Mrs. Vivian Luscombe, my secretary on the Commission; and Mr. William Doylend, our Office Manager.

I should like to read a statement indicating the background of the Commission's appointments, its terms of reference and the way in which it interprets its task.

The Commission of Inquiry into the Non-Medical Use of Drugs was appointed by the Federal Government on May 29 last year upon the recommendation of the Hon. John Munro, Minister of National Health and Welfare.

The Commission has an independent status under Part I of the Inquiries Act.

1 The concern which gave rise
2 to the appointment of the Commission is described in
3 Order in Council P.C. 1969-1112, which authorized the
4 appointment in the following words:

5 "there is growing concern
6 in Canada about the non-medical
7 use of certain drugs and
8 substances, particularly those
9 having sedative, stimulant,
10 tranquilizing or hallucinogenic
11 properties, and the effect of
12 such use on the individual and
13 the social implications thereof;

14 within recent years, there
15 has developed also the practice
16 of inhaling of the fumes of
17 certain solvents having an
18 hallucinogenic effect, and
19 resulting in serious physical
20 damage and a number of deaths,
21 such solvents being found in
22 certain household substances.
23 Despite warnings and consi-
24 derable publicity, this practice
25 has developed among young
26 people and can be said to be
27 related to the use of drugs for
28 other than medical purposes;
29 certain of these drugs
30 and substances, including

lysergic acid diethylamide,
LSD, methamphetamines, commonly
referred to as "Speed", and
certain others, have been made
the subject of controlling or
prohibiting legislation under
the Food and Drugs Act, and
cannabis, marijuana, has been
a substance, the possession of
or trafficking in which has been
prohibited under the Narcotic
Control Act;

... notwithstanding these
measures and the competent
enforcement thereof by the
R.C.M. Police and other enforce-
ment bodies, the incidents of
possession and use of these
substances for non-medical pur-
poses, has increased and the
need for an investigation as
to the cause of such increasing
use has become imperative."

In announcing the Commission's
appointment, the Minister of National Health and Welfare
spoke of the "grave concern felt by the government at
the expanding proportions of the use of drugs and related
substances for non-medical purposes."

The terms of reference defining
the Commission's inquiry into the non-medical use of

1 psychotropic drugs and substances mention sedatives,
2 stimulants, tranquilizers and hallucinogens.

3 For the present, the
4 Commission understands "drug" to mean any substance
5 which chemically alters structure or function in the
6 living organism, and "psychotropic" drugs as those
7 which alter sensation, feeling, consciousness and
8 psychological or behavioural functions. The Commission
9 has tentatively defined "medical use" in terms of
10 generally accepted medical practice --- under medical
11 supervision or not. All other use is "non-medical use."

12 By itself, a prescription does
13 not distinguish medical from non-medical use. A non-
14 prescription drug like aspirin may be taken for medical
15 use. Or a prescription drug may be taken for generally
16 accepted medical reasons, then no longer required.

17 The Commission is invited by
18 its terms of reference to "marshal ... the present fund
19 of knowledge concerning the non-medical use of
20 sedative, stimulant, tranquilizing, hallucinogenic and
21 other psychotropic drugs or substances."

22 But since an interim report is
23 expected shortly, and a final report within two years,
24 the Commission will have to be selective.

25 It must consider what appear to
26 be the principal issues which led to its appointment.

27 The Commission has the initial
28 impression that its primary focus must be on the non-
29 medical use of drugs by the young and by adults as it
30 relates to or affects the use of drugs by youth.

The Commission has drawn up a preliminary classification of psychoactive drugs, which falls into the following eight categories: hypnotics-sedatives; stimulants, psychedelic-hallucinogenics; opiates-narcotics; volatile solvents and gases; analgesics (non-narcotic painkillers); clinical anti-depressants; and major tranquilizers.

8 The Commission sees its
9 primary emphasis on the following categories:

1. The psychedelic-hallucinogenic, which includes cannabis (marijuana and hashish), LSD and mescaline and the other "restricted drugs" placed under the new Schedule J of the Food and Drugs Act: DMT, STP (DOM), and DET;
2. The stimulants, including such amphetamines as benzadrine and methadrine --- generally referred to as "speed";
3. The volatile solments and gases --- often referred to as "delirients", such as glue, nailpolish remover, and paint thinner;
4. The sedative-hypnotics, such as the barbiturates (used as sleeping pills), the minor tranquilizers, and ethyl alcohol;
5. The opiate-narcotics, such as heroin.

Alcohol and nicotine are clearly mood-modifying drugs used for non-medical reasons and therefore within the terms of reference. However, the Commission could not possibly perform its task if it were required to consider the extensive research carried out on these substances. A realistic view compels the

1 Commission to regard the non-medical use of alcohol and
2 nicotine in their relation to the non-medical use of
3 other psychotropic drugs. This is also the Commission's
4 position, at least initially, on the non-medical use of
5 the opiate-narcotics, such as heroin.

6 These so-called "hard drugs"
7 are not excluded from the terms of reference, because
8 they do have psychotropic properties. But as with
9 alcohol and nicotine, the Commission cannot hope to do
10 justice to the extensive literature on the subject. The
11 "hard drugs" are therefore to be examined in their
12 possible relationship to the non-medical use of the
13 "soft drugs".

Two contentions brought to the Commission's attention may illustrate what is meant by "relationship" to the non-medical use of soft drugs.

17 The first contention is that ex-
18 tensive social use of alcohol not only creates a per-
19 missive climate of drug use, but also reflects a
20 provocative injustice and even hypocrisy in our legislative
21 and law enforcement attitudes. The second contention is
22 that the use of certain soft drugs like cannabis (marijuana)
23 leads very often, if not generally, to hard drug addiction

24 What are the issues in this
25 inquiry? The Commission must investigate the extent
26 of the non-medical use of mood-modifying drugs in Canada.
27 That means the pattern of drug use; the drugs and various
28 groups or populations involved, according to age,
29 occupation, etc.; the movement from one drug to another.

30 The Commission must investigate

1 physical and psychological effects of these drugs,
2 effects on behaviour of the individual concerned, effects
3 on others, and effects on society. Finally, and by
4 no means least important, the Commission must investigate
5 the reasons for the non-medical use of drugs --- not only
6 the personal reasons or motivation, but the social,
7 educational, economic, philosophic and other reasons.
8 In other words, what is the meaning or larger signifi-
9 cance of this phenomenon? What is the true nature of
10 the challenge it presents to our civilization?

11 We have accepted a very diffi-
12 cult task and we need your help. It is imperative that
13 we have the views of as many Canadians as possible.
14 This is not solely a technical question for experts; it
15 is a broad social issue, going to the very nature of
16 human existence in our time. It is a question to which
17 everyone can contribute a measure of insight and
18 wisdom. Please come forward and assist us with your
19 views.

20 I should like to say a few
21 words about the manner in which we proceed at our
22 public hearings. Our public hearings are of course only
23 one method of inquiry which we are following. We are
24 carrying out research, consulting with experts, but we
25 feel that our public hearings are very important ---
26 a very important means for us to obtain an understanding
27 of this phenomenon, and an understanding of what is to be
28 a wise social response to it. So we are trying to hear
29 the views of as many Canadians as possible, and a
30 representative and as wide a cross-section of these

1 | views as possible. And our hearings are therefore,
2 | conducted in a somewhat informal manner. We do have
3 | scheduled submissions and we ask those making them if
4 | they would be seated at the table here, and then at the
5 | end of the submission, there is an opportunity for
6 | question and observation, comment from the members of
7 | the Commission and their staff, and from all who are
8 | present. And we have placed microphones in the aisles
9 | for your convenience, if you would be good enough to use
10 | them, and it is not necessary to have formal written sub-
11 | missions. So I hope you will feel free to assist us
12 | with your views.

13 | We have tried to develop in
14 | our hearings across Canada a public forum on this
15 | question. It is an opportunity for people to exchange
16 | views, to examine those who have given some special
17 | thought to some aspect of the question, and I think it
18 | ^{only} is not / for the so-called experts; it is also for those
19 | of us who are not experts to have an opportunity to
20 | exchange views together and sort of get to the bottom
21 | of these questions for your respective assumptions. So
22 | that I hope that we shall have the benefit of your
23 | participation.

24 | Now, I call upon Professor
25 | Hough, who is Director of Counselling Service, University
26 | of Alberta. If Mr. Hough would be good enough to be
27 | seated here.

28 | Thank you.

29 | Professor Hough?

30 | MR. HOUGH: Do you wish me to

1 read the brief that I submitted in writing?

2 THE CHAIRMAN: Well, it would
3 be perfectly in order to read it, but I don't think it
4 is that long, and for the benefit, I think, of those
5 who have come this morning, it might be better if it
6 was read. We have had the benefit of seeing it, but
7 it might give others a better opportunity to understand
8 it and comment, if that is convenient to you.

9 MR. HOUGH: Fine. This
10 Submission is a joint one, submitted by the Dean of
11 Women, the Dean of Men, and the Director of the Student
12 Counselling Services at the University of Alberta. The
13
14 topic is one which by necessity is impossible for us to
15 give any precise data on, since what knowledge is
16 available to us comes out of either confidential materials,
17 clinical knowledge that relates to individuals, or
18 impressions stemming from an overall contact with a
19 large number of first year men and women students.

20 We believe, however, that the
21 topic is one of considerable significance to the
22 University and therefore wish to share as much of our
23 general knowledge and impressions as possible.

24 With respect to usage, it
25 seems to be impossible to come up with an accurate indi-
26 cation as to the extent of usage to the various sedatives,
27 stimulants, tranquilizers or hallucinogenic and other
28 psychotropic drugs among students at the University of
29 Alberta. A large number of the students at the
30 University report that marijuana and other hallucinogenic

drugs are easily available on or near the campus. This same situation reportedly now exists in the city high schools. It is apparent that interested students would encounter little difficulty in obtaining illicit drugs, since large numbers of students who are not interested appear to have fairly precise information about sources and the methods of obtaining such drugs. Recently, reliable information indicated that a supply worth approximately three thousand dollars was disposed of on campus within an hour.

For several years, there have been reports that the residences are by no means free of either drug experimentation and/or drug usage. Though there are those who frankly admit using them, and others who fall into difficulty because of possession, trafficking, or the results of the use of some of the drugs, there has been an increasing wariness or caution on the part of others with respect to making it known that they are users. This phenomenon may be associated with an increasing sophistication with respect to understanding the possible effects, but it may also be the result of increased police activity with respect to the detection of users and traffickers.

The extent of student involvement on anything beyond 'experimenting' is hard to assess, depending on what group is being considered. One may obtain a picture of either it being a small, almost negligible group involved, or alternately a picture of 75% of the student population being affected. Our own picture would be somewhat in between these two extremes

1 and weighted towards the more limited side with the
2 likelihood that there is an increase in the incidents of
3 the use of marijuana, and a decrease in the use of those
4 substances that are more likely to have either temporary
5 or permanent after-effects.

6 With respect to the current
7 state of medical knowledge we say the following; while
8 we are incompetent to report with respect to the current
9 state of medical knowledge, we would respectfully point
10 out that the study of effects should not be limited to
11 that which may come from the medical profession, valuable
12 as the last may be. The tremendous rise in the use of
13 these substances across the past several years has led
14 social workers, sociologists, and some psychologists to
15 the study of the causes and effects of usage. While the
16 studies are spotty, and the variations of results being
17 evident, thereby leaving much room for selection and
18 the development of individual opinions, the effects of
19 usage do not appear to be confined to the strictly
20 medical, for, there is some reason for believing that
21 usage may arise from social causes of many sorts, as
22 well as affecting social patterns and structures. More
23 than that, the effects are not limited to the physiological,
24 for there may be either temporary or long-range psycholo-
25 gical effects. While we have not engaged in systematic
26 studies ourselves, there are certain broad statements
27 that we can make. The one is that in our experience
28 marijuana users do not appear to suffer on-going effects
29 that interfere with their performance as students. While
30 it is very true that some of these users do have

1 academic difficulty, experience suggests that these
2 difficulties are more closely related to such factors as
3 emotional immaturity, or personality problems of one sort
4 or another, than they are to the use of marijuana itself.
5 Indeed, it seems likely that the continued use of
6 marijuana may be another symptom of the more basic problem.

The same cannot be said for LSD, the amphetamines, or the opiates. It is obvious from clinical experience that LSD can, for some, produce serious psychotic-like states, or, in other cases, depression. The amphetamines may result in the capacity to remain awake, some reduction in anxiety, but there is also clinical experience which would suggest that, with continued usage, the capacity to remember detail and to perform routine tasks may be enhanced. There is with it a loss of ability to relate ideas, to reason things out, and so forth.

8 With respect to motivation we
9 say the following: our experience suggests that there
0 is no single motivating factor that can account for drug
1 usage. From our experience, the following are reasons
2 advanced by those that we deal with:

- 3 a) The desire to experiment for one's self;
- 4 b) for a lark, in much the same way as it is exciting
- 5 to drive at high speeds or illegally consume alcohol;
- 6 c) because of a wish to conform to the mores of a
- 7 particular in-group;
- 8 d) because of a belief that some drugs, particularly the
- 9 psychedelic, turn one on, providing insights that
- 0 might otherwise be unattainable, or creating feelings

1 that they can gain a more intense and discerning
2 awareness of music, art, or the ordinary environment;
3 e) as a means for escape from plaguing feelings, such
4 as self-doubt, frustration, guilt, and so forth.

5 While our experience leads us
6 to the opinion that most of those who are likely to
7 become regular users of these substances are drawn from
8 individuals who have or face developmental, adjustment,
9 personality, or societal problems of one sort or
10 another, it also seems likely that those who tried one
11 or another of the substances, particularly marijuana,
12 are really well-adjusted individuals who want to try
13 it for themselves, discover if they can obtain the sort
14 of vivid or self-revealing experiences that some people
15 refer to and so forth.

16 Of course, among the less
17 well-adjusted there are those who try such a substance,
18 have a 'bad trip' and decide never to use it again.

19 On the clinical side, it seems
20 fairly clear that over-involvement with any of the
21 illicit drugs and in fact any over-involvement with drugs
22 be they legal or illicit, is mostly connected with
23 psychological/emotional stresses that could be more
24 productively dealt with in other ways. This is just as
25 true of over use of the barbiturates, tranquilizers and
26 amphetamines as it is of the hallucinogenic drugs. The
27 Dean of Women expressed the belief that in exploring the
28 individuals the personal effect of marijuana does
29 seem to suggest, however, that the heightened sense of
30 self and a sort of a disassociative quality produces

1 something of a sort of a paranoid quality of feeling.
2 Feelings of reference with regard to conversations beyond
3 ear shot and so forth. One obtains the impression that
4 this effect is not really dependent on or closely
5 related to personality factors, and not produced by fears
6 of police or of the illicit nature of the activity.

7 One could speculate that the
8 latter factor might in time be responsible for
9 exaggerating the paranoid type of response of suspi-
10 ciousness, while the equally paranoid sense of invulnera-
11 bility or omnipotence promotes continuance of the
12 activity despite the dangers on the assumption that others
13 might be caught but "I won't." The Director of the
14 Student Counselling Services could not support this
15 possibility from his personal experience.

16 Ready accessibility certainly
17 makes experimentation with the drugs much more likely,
18 and because of the age of the majority of undergraduate
19 students, their life stage and their general desire both
20 'to know' and 'to demonstrate that they know', there is a
21 fairly strong push to 'try it' if they encounter a fairly
22 open opportunity. Many, of course, will have studied
23 the matter and reached a conscious and definite decision
24 not to experiment and they will not be in jeopardy. Many
25 others will have enough respect for the law that they
26 will reject experimentation. Many others will experiment
27 only a few times out of curiosity. For these students,
28 the effect of the accessibility of drugs is not really
29 considered serious.

30 However, the facts of

accessibility affects the social climate related to taking drugs, and the impression is fairly strong that social acceptance has pretty well been achieved among the university age population. There may be and is rejection on the basis of special knowledge, but little rejection on the basis of law.

The wide variety of medical, psychological, and sociological opinion with respect to the use of drugs, or at least some of them, to say nothing of rumor and report, tends to create a suspicion about anything like an authoritarian statement. More than that, in a university setting there is frequently encouragement to test ideas, and, in some areas of academic pursuit, test and question the idea of society itself. Students may, at some stages of their training, become deeply suspicious of anything like authoritarian statements. Hence, it is not at all surprising that there is some indication which lead one to suspect that students following some particular disciplines may also be more prone to experiment with the use of drugs.

Having in mind the wide varieties of opinion that can exist with respect to some drugs, marijuana in particular, there appears to be a need to obtain more factual knowledge than that which presently exists. While various researchers have engaged or are engaged in studies, the approach is fragmented, rather than coordinated, for each approaches the subject because of questions that may be peculiar to his own discipline. Frequently, too, there is lack of communica-

1 tion. We suggest that there is a need for a co-ordinated
2 study of some magnitude, with psychiatrists, pharma-
3 cologists, psychologists, sociologists, and social
4 workers co-operating to look at various aspects of the
5 question.

6 The above factors of the access-
7 ibility and push 'to know' and to experiment, appears to
8 have some possible significance with regard to general
9 law and order in the country. That is, if a large
10 segment of the population condone the almost open
11 flouting of one or more of the country's laws, does this
12 in effect weaken our general support of law and order?
13 It seems possible that it does, but the proof and
14 whether there is a direct relationship and if so the
15 extent of the influence would certainly be hard if not
16 impossible to research and prove.

17 As another point, there is a
18 serious question as to whether or not marijuana should
19 continue to be controlled through the Narcotics Control
20 Act, as against the Food and Drug Act. While there is
21 some evidence that some individuals may go from marijuana
22 to heroin, there is also some reason for suspecting that
23 the percentage is small, when in contrast with those
24 who do not, and even if the percentage is not any
25 greater than those who develop an alcoholic addiction
26 and then move on to the more serious drugs. While it
27 may be that the concept of a permanent criminal record
28 was primarily designed to be of assistance to the police
29 and to the courts, it is a fact of life that the existence
30 of such a record is used for other purposes, such as a

1 government determining eligibility for a passport visa,
2 decisions as to whether or not an individual may enter a
3 particular profession, and so forth. Hence, an individual
4 caught as a result of what might very well be thought to
5 be a youthful escapade, may suffer penalties that are far
6 more severe than those which are imposed by the courts.

With respect to research, we have heard that a provincial Attorney-General may issue an order that protects a researcher and his records from being subject to police investigation. If this be so, the concerned professions should be advised of this possibility, for particularly with respect to research that studies users, co-operation is only likely to be obtained if there can be certainty that confidentiality will be maintained.

16 There is another aspect of the
17 same thing. Some professionals who are involved in the
18 treatment of drug users are fearful of two things. The
19 first is that a court order may be obtained to enable
20 the police to examine their files on their patients or
21 clients for the purpose of obtaining the names and addresses
22 of individuals who might be subject to police surveillance.
23 While we do not know of any instance in which such an
24 order was either sought or obtained, the professional
25 associations should be informed as to whether or not
26 there is a possibility of such an occurrence. Secondly,
27 there is professional concern that there may be police
28 surveillance of those who enter the premises of a
29 practitioner, again for the purpose of seeking to identify
30 likely users. We hardly need add that either or both of

1 the foregoing would have the effect of creating fear
2 among those who might wish to seek professional assistance,
3 and with a consequent lessening of the ability of
4 professionals to work with those who need their help.

5 As for other causes, we suspect
6 that they are identical with the same as those which
7 cause many problems within society. Poor home environ-
8 ment, faulty child rearing practices, the effects of
9 urbanization, alienation, changing social values, the
10 effects of rapid communication, the changing fads with
11 respect to what might be an in thing at a given point of
12 time, and so forth and so on.

13 The Canadian Welfare Council
14 and other similar organizations have suggested means
15 for curing a number of these problems. We feel that we
16 cannot offer suggestions that would go beyond those
17 already advocated.

18 There is a possibility that
19 could be considered. Studies done in the past have
20 indicated that, while there is by no means a one to one
21 relationship, there does appear to be a meaningful
22 relationship between urban areas in which juvenile
23 delinquency is rife and the absence of adequate
24 recreational facilities. In short, it would seem possible
25 that boredom and tedium might lead individuals to engaging
26 in delinquent activities for the kicks that are obtained.
27 The same phenomenon is reported as being observable in
28 children who are left to their own resources when it comes
29 to finding things to do. It is also of interest, that
30 the impetus for student unrest, is in large measure,

1 identified with those taking certain sorts of liberal
2 programmes, whereas the majority of those who are
3 engaged in professional training, in which there are
4 fairly definite career goals, are less prone to engage
5 in such activity. It also seems likely that the same
6 holds true for drug usage on a campus, with one exception.
7 The exception is related to those artistic programmes,
8 aimed at furthering creativity, and heavily involved in
9 determining how meaning is to be learned from artistic
10 endeavours. More than that, we are observing a social
11 situation in which, for many, the business of entering
12 the world of work becomes increasingly delayed, as more
13 and more training is thought of as being a prerequisite
14 for such involvement. Even in the cities, young people
15 had a greater part in the operation and maintenance of
16 the family home than is now the case, and more than a
17 few contributed to the well-being of the home by
18 sharing in the earning of money. This is changing
19 rapidly, and it all fits together to raise the question
20 of whether or not the phenomenon of drug usage, as well
21 as other things, is not, in large measure, based upon a
22 search for meaningfulness and identity. If this be so,
23 it may follow that the drug problem, if it is one, will
24 best be handled by finding means for young people to
25 truly feel and believe that this is important, that they
26 share in decision-making processes, and through finding
27 means for involving them more effectively in the affairs
28 of society. We feel less certain that we know how this
29 might all come about.

30 And we have four recommendations.

1 The first is research, both
2 individual and co-operative, be encouraged and supported.
3 Concurrent with this should be means of ensuring freedom
4 from police surveillance or intervention, particularly
5 when such studies require the co-operation of users.

6 Secondly, the schools, colleges
7 and universities be encouraged to take a much more active
8 role in increasing the amount of information available,
9 and when the time comes, of evaluating that information
10 in terms of the legal structures.

11 Third, that the restrictive
12 laws be modified in the light of what appears to be
13 becoming a social norm for a great many people, and in
14 that way limiting the possibility of an attitude towards
15 law and order that would be equivalent to that which was
16 evident in the Prohibition Era.

17 Four, that since it appears that
18 the phenomenon of usage is largely restricted to urban
19 areas, with some indications of the filtration into
20 smaller communities, any indication of filtration should
21 be communicated to school and civic authorities of the
22 smaller urban areas, so that the effect of such filtration
23 may be minimized by educational and other means.

24 THE CHAIRMAN: Thank you,
25 Professor.

26 Could you tell us something
27 about the work of the Student Counselling Service in
28 relation to this phenomenon, the University, in general
29 terms of course?

30 MR. HOUGH: The Counselling

1 Service at this University is staffed entirely by
2 psychologists and we work with students who come to us
3 with their problems. Now we do some work when students
4 are referred to us by an academic dean which is in this
5 case, the client is the academic dean. He wants an
6 evaluation of the student with respect to his academic
7 performance. But if a student comes to us voluntarily,
8 and of his own volition, seeking assistance or information,
9 then he is our client, and of course anything he says or
10 does is treated as being confidential.

11 In the past, students did
12 seek us out quite regularly to ask us what we thought
13 about taking drugs. But as indicated in the brief, we
14 found that this has almost disappeared, which would
15 suggest perhaps an increase in sophistication about the
16 use of drugs. We do have students who come to us because
17 of bad trips or the after-effects of LSD or sometimes the
18 amphetamines. We also have students who come to us because
19 of other problems that they do not relate directly to
20 the use of drugs, and who tell us that they are taking
21 one or another of the drugs.

22 Now in seeking to assist them,
23 if they look for information, I have a mass of materials
24 that does not tend --- I have tried to keep a balance
25 in that and we try to give the factual information, but
26 in the areas where there are differences of opinion
27 among the experts, there is a balance in that respect.
28 There is also a breakdown of the effects of law. But
29 a lot of the material has not been used for more than a
30 year.

1 MR. STEIN: Looking at the
2 brief, here on Page 4, you mention a couple of times a
3 sentence stating that the wide variety of medical,
4 psychological, **sociological opinion**, etc. tends to create
5 a suspicion about anything like an authoritarian
6 statement. And then you refer to that again. You also
7 make reference to the parent and it seemed that this
8 was in the possible relationship between certain academic
9 pursuits and the liberal arts, and drug usage. Are you
10 inferring something there? I am not quite sure what to
11 make of this statement. Are you suggesting there, there
12 is something desirable about the students questioning
13 authoritarian statements?

14 MR. HOUGH: Oh, no.

15 MR. STEIN: What was your
16 intent?

17 MR. HOUGH: I was simply
18 trying to point out the fact that there have been those
19 --- well, you will find tremendous varieties of opinions
20 among scientists even of a particular discipline ---
21 psychologists, for example, will vary as to their concept
22 as to whether a person is or is not turned on by a
23 psychedelic drug, for example. Even among the medical
24 profession or the psychiatric profession there is a
25 fantastic variety of opinion about marijuana and it is
26 quite possible, you see, to read the material selectively
27 so that you select that which ties in or supports your
28 own point of view. And the students are aware of this.
29 They have read --- some of them read quite extensively
30 as to this field, and I am sure that when anyone attempts

1 to come up with anything like a dogmatic statement, "This
2 drug is dangerous", and this applies particularly to
3 marijuana, then of course anything that person may say
4 is rejected even though there may be things of value in
5 what they say. This is the point we are trying to make.

6 By the way, Miss Munroe
7 Dean of Women, is in the audience ---

8 THE CHAIRMAN: Would she
9 like to join you here, Professor? Would you like to
10 come up?

11 MR. HOUGH: Yes.

12 DR. LEHMANN: Mr. Hough, I
13 was interested in your statement in relation to the
14 effects on the academic progress or performance of
15 those taking marijuana continuously, and you mentioned
16 here that in your experience marijuana users do not
17 appear to suffer on-going effects that might interfere
18 with their performance as students. Now, that is at
19 variance with some other statements that we have heard
20 here on the Commission, a considerable amount of times.
21 There are a considerable amount of marijuana users that
22 do use marijuana very frequently several times a day,
23 and every day, and that particular group is characterized
24 by a lower average, consistently lower average of
25 academic performance, although no one was able to tell
26 us whether this selection was a cause or effect, in
27 other words, than was before --- than it was before.
28 In other words, have you observed this and what do you
29 think about it?

30 MR. HOUGH: I would say I have

1 encountered people who have used marijuana several times
2 a day. They might very well decide to stay away from
3 the Counselling Service if they did. But those/are pretty
4 consistent users that I have encountered, I would say
5 (portion inaudible) the sustained use of marijuana I
6 would suggest may interfere with the thinking processes,
7 and that therefore results in lower grades in such
8 extreme circumstances.

9 I would still wonder why that
10 person or such persons use marijuana. We have had
11 individuals who are persistent regular users who have
12 much more basic problems, that is the symptom rather
13 than the cause.

14 DR. LEHMANN: Well then,
15 pursue this further; is it your clinical impression that
16 it may be worse or it may be an action or a function
17 which may help to relieve this or is it quite indifferent?

18 MR. HOUGH: I would say most
19 likely on a broad generalization that it tends to
20 relieve the pressure. If they are anxious persons or
21 if they are persons who are looking at what some call
22 existential reality, they may find a solution to their
23 feelings of distress or for their feelings of anxiety
24 through the fairly sustained use of marijuana. Of course,
25 this does not only include marijuana, alcohol.

26 MR. STEIN: Could we perhaps
27 go back again to the brief where you appear perhaps to
28 have a difference of opinion with your colleague on
29 interpreting what you refer to as a paranoid quality of
30 feeling, and you relate it to the use of marijuana. Then

1 | you go on to indicate that it could be interpreted as
2 | a response to the legal phenomena associated with the
3 | use.

4 | MISS MUNROE: I didn't see it
5 | in that particular instance. I was referring it to the
6 | legal aspect, to the fear of legal penalties, but it
7 | seemed to be related.

8 | MR. STEIN: How were you able
9 | to make that kind of a disassociation in light of the
10 | fact that the legal phenomena is ever present?

11 | MISS MUNROE: Just because of
12 | the discussion generally that had indicated no particular
13 | concern about that particular aspect with the young
14 | women.

15 | MR. STEIN: Was this a number
16 | of situations?

17 | MISS MUNROE: No, this was not
18 | a number of situations, it was just a fairly extensive
19 | discussion with a young woman. This is why I said it
20 | was just a clinical impression and I do not have --- I
21 | don't think I have had any students talk out of their
22 | concern around taking the drugs, but sometimes it comes
23 | out in general discussion related to other concerns that
24 | the student has. Now, some do not of course discuss the
25 | situation particularly easily, or show any readiness to
26 | enter into any kind of dialogue about it, but there are
27 | others comment, because they have discussed it in the
28 | past with counsellors or because of their openness are
29 | prepared to talk very openly.

30 | MR. STEIN: Well, in this

1 particular situation you were referring --- did you have
2 the impression that this attitude, call it paranoia for
3 the moment, preceded the experience of the individual
4 usage of the drugs?

5 MISS MUNROE: No, there
6 wasn't any indication that this was kind of a personality
7 trait with the young woman concerned. And, in fact, it
8 appeared that this kind of response was really at the
9 high school level rather than at the university level.
10 It is a reference back to it.

11 DR. LEHMANN: Would you think
12 that there may be a connection with the phenomenon which
13 is so frequently observed, almost regularly, with people
14 who take other hallucinogens, for instance, LSD, fairly
15 regularly, mainly that they feel that they can communicate
16 much more intensely, much more directly, that they have
17 much greater skills from non-verbal communication that
18 they sense from people even if they don't talk to them,
19 even if they are a kind of --- anyone in the room, this
20 increased sense of two levels that go away beyond the
21 normally accepted --- do you think this may be the same
22 way with the people that are interviewed about marijuana?

23 MISS MUNROE: There appeared
24 to be a quality of reaction that you sense as you were
25 talking about this. I don't have the same picture in
26 connection with young people involved in LSD.

27 DR. LEHMANN: But it was
28 along these lines of greater intensity or sensitivity
29 towards other people.

30 MISS MUNROE: Sensitivity,

1 but also a feeling whatever the other person was doing
2 was somehow related.

3 DR. LEHMANN: Ideas of
4 reference.

5 MISS MUNROE: Very definitely.

6 DR. LEHMANN: Did that destroy
7 the functioning or peace of mind?

8 MISS MUNROE: No.

9 MR. STEIN: Could you perhaps
10 indicate --- it will be in your brief but I would like
11 to have it more specific. What^{is} the administration policy
12 is at the moment regarding the protection of the
13 anonymity or the confidence question, or the responsibility
14 of the counsellor regarding the information that he may
15 have of illegal acts --- in other words, is there a clearly
16 stated policy at your University which students would
17 be aware of?

18 MISS MUNROE: I think
19 discussions with counsellors, with the health services,
20 with the dean's office, are considered confidential and
21 this is the basis on which they come and there is
22 complete protection of such information.

23 MR. HOUGH: I could add a
24 little bit to that. Most of us operate --- those of us
25 who are members of professions, operate under codes of
26 ethics that are established by our profession, and in
27 psychology it is the same as with the medical profession,
28 your first duty is to your client, and the only time
29 that you may betray information is when the client is
30 dangerous, there is a danger to himself and to others.

1 In both professions one only betrays information if it
2 is very serious, self destructive or some homicidal
3 almost. But within the University, there is an
4 established policy with respect to the Counselling
5 Centre. The student comes on his own. Anything he says
6 to the Counsellors is absolutely --- he has got absolute
7 confidence ---

8 MR. STEIN: I am interested
9 in pursuing this, out of my own involvement with the
10 Counselling Service at S.F.U. and the Counselling
11 Service was discussed at some length there. Was there
12 any --- has there been any progress made such as the
13 counselling profession pursuing clarification --- in
14 other words, they are seeking clarification. You raised
15 this here, but I don't know of any, well you don't know
16 of an incidence where a court order has been sought
17 and a professional organization should be informed
18 whether there is a possibility of incarceration. The
19 discussion I recall being involved in is whether or not
20 there ought to be an aggressive approach by the
21 Association itself in attempting to get clarification
22 from legal advisors, Attorney-General of the province
23 or wherever it may be. Has this been considered?

24 MR. HOUGH: There has been a
25 bit of clarification locally. I believe that the
26 Attorney-General has indicated that he would protect
27 research when he was satisfied that the research was
28 good research.

29 MR. STEIN: Could you expand
30 on that? In what sense?

1 MR. HOUGH: Well, he most
2 likely --- he hasn't said how exactly he would determine
3 this. At least this is the way I get it. I was not
4 involved in the discussions, so it comes second hand.
5 But he most likely would have a panel of advisors, as
6 he indicates, who would offer opinions about the
7 proposed research project. But as far as I am aware,
8 and of course I know the Psychological Association
9 best, but there has been no attempt at the national level
10 or at the provincial level to obtain clarification with
11 respect to the records of the practitioner.

12 MR. STEIN: You also indicate
13 the concern secondarily about the possible surveillance
14 of individuals who may be entering premises for
15 assistance. Has there been any effort at a local level
16 to get clarification of whether or not the law enforce-
17 ment authorities are in fact, shall we say, "co-operating"
18 with your treatment efforts, or is this ---

19 MR. HOUGH: I was not
20 speaking for the Counselling Services because we are
21 so located that I think if there were to be any attempt
22 at police surveillance we would spot the policemen very
23 quickly. But there have been rumors among some of
24 those who are involved in more general practice within
25 the community, that this has happened. Now, whether
26 this is just suspicion or whether there is some reality
27 for it, I don't know.

28 MR. STEIN: And paranoia on
29 behalf of some of the practitioners?

30 MR. HOUGH: Paranoia on behalf

1 of the practitioners, quite possible.

2 DR. LEHMANN: But no attempt
3 has been made to obtain the co-operation of the law enforce-
4 ment agencies here, to in some way go on record as saying
5 that they would like to co-operate in this way, and will
6 correspondingly instruct their officers or not?

7 MR. HOUGH: I have not been
8 involved --- you see, I used to be a member of the
9 provincial, the Board of the Provincial Association of
10 Psychologists but I have not been involved in this for
11 some years, and since the impetus for this did not come
12 from others, and have heard some similar complaints or
13 suggestions among psychiatrists, and this is why we
14 mentioned it in the brief. This has been my impression,
15 and it is very much second hand, is that the schools
16 and the treatment facilities at the younger level, are
17 feeling that the police are very cooperative indeed and
18 very anxious to get young people into treatment, not
19 into the courts.

20 DR. LEHMANN: You mention in
21 your report on Page 2, that if one wants to sound extreme,
22 one could say that a picture of 75% of student population
23 being affected, on the other hand many of those you imply
24 are only experimenting once or twice. What would you
25 estimate to be the proportion of those who take marijuana
26 very regularly, and how regularly? How frequently?

27 MISS MUNROE: I really couldn't
28 estimate that. As I say, it seemed a hazy picture to
29 get. You know, one student quoting 75%, another student
30 quoting 25%.

1 DR. LEHMANN: Quite roughly
2 in other places we have gotten averages of about half
3 of those who have experimented with it at least once,
4 will continue to take it three to five times or more
5 frequently. Would that somehow coincide with your
6 general feeling?

7 MISS MUNROE: I couldn't
8 really speak to that. Could you?

9 MR. HOUGH: I think so. But
10 there is a phenomenon, I think, that is referred to in
11 our brief with respect to the University itself called
12 "social acceptance". But as I hear things, in the
13 general community, it would appear that now the "social
14 acceptance" is reaching out beyond the University, or
15 beyond the schools. You perhaps have not had the
16 phenomenon that they speak of in California where all
17 strange things come from, that instead of having
18 cocktail parties, you now have a marijuana party, and
19 this would include groups of lawyers.

20 (portion inaudible) repetitive
21 use rather than a development of a psychological need
22 or anything like addiction.

23 MR. STEIN: You referred in
24 the recommendations --- recommendation three, in your
25 reference to the modification of the restrictive law.
26 Have you any more precise notion as to what your view
27 of the appropriate modification might be? In other
28 words, would you care to expand on what you have in
29 mind in relation to that?

30 MR. HOUGH: One of the things,

1 I think all three of us would agree that we would like
2 to see the possession of marijuana moved out from the
3 Narcotics Control Act into the Food and Drug Act, if it
4 is to continue to be under controls, partly because of
5 the pretty vicious effect of the permanent criminal
6 record. Secondly ---

7 MR. STEIN: Excuse me. Let
8 me just make an observation on that. This recommendation
9 has been made a number of times.

10 MR. HOUGH: I am sure.

11 MR. STEIN: And one of the
12 apparent conclusions that may exist here for you is that
13 the removal from the Narcotics Control Act to the Food
14 and Drug Act places it in the non-criminal category,
15 but there is still a permanent criminal record in terms
16 of this ---

17 MR. HOUGH: Yes, but there is
18 --- as I remember it, there is two levels of record, is
19 there not? A criminal offense is thought of as being
20 more serious as --- than a statutory offence-- I bow
21 to your legal opinion -- and might not interfere as
22 readily with entering particular professions or the
23 obtaining of a visa.

24 MR. STEIN: As it stands,
25 maybe I should let the Chairman give the interpretation
26 in terms of the --- I think what you are referring to
27 is summary convictions.

28 MR. HOUGH: Summary, yes.

29 MR. STEIN: Under the Food
30 and Drug Act ---

1 ending up with a jail sentence. This may have happened,
2 but certainly I have never come across this.

3 MR. STEIN: Perhaps this is
4 not quite fair, and you are quite proper not to answer
5 it, but you made a point I was rather interested in,
6 was whether or not a substance might be physically
7 harmful. The business of using the legal response or a
8 legal control may not be the most --- "may not" be the
9 most effective use --- way of dealing with it. I think
10 that is what you were saying.

11 MR. HOUGH: That's right.

12 MR. STEIN: Would you have
13 any observation on that? Would either of the others at
14 the table have any observation on that point?

15 MISS MUNROE: Well, again I
16 come out of the treatment field in connection with social
17 problems so I am kind of biased in that connection, but
18 I think that often you do have to have a combination of
19 the various societal handlings that would include legal
20 treatment and I don't really have, you know, sort of
21 complete rejection of legal sanctions, because I think
22 they can be used very constructively, and I think that
23 your Juvenile Courts give some indication of how court
24 and legal sanction can be used quite helpfully in
25 treatment situations.

26 DR. LEHMANN: Would you then
27 possibly envisage something like a modification of
28 certain legal procedures referring to drugs in the way
29 that the juvenile delinquents are being treated for
30 instance, because people might be twenty years old, and

1 still, well, fall under the drug laws.

2 MISS MUNROE: Yes, I would
3 certainly see that as one possible answer that could be
4 a good deal more constructive than what the situation is
5 now.

6 MR. HOUGH: There is a
7 possibility here, though, I think, and if I am correct
8 in my interpretation of what is happening, particularly
9 with respect to marijuana, here we have a situation in
10 which marijuana or hashish or things like it are coming
11 into increasingly common use. If there could be sufficient
12 police surveillance to catch the majority or even half
13 of the users, let alone anything to do with the traffickers,
14 then the numbers that would be involved would be almost ---
15 are likely to be fantastic. It would be like setting up
16 a police procedure that required that everybody caught
17 with having an alcoholic content --- a blood content of
18 alcohol just as the same way as for driving, even if
19 they are walking down the street, must go through a
20 process of treatment. And I think the same is likely to
21 be true here, because if it is a rising social phenomenon;
22 I think it is barking up the wrong tree to suggest
23 treatment centres or to suggest minor modifications of
24 the law.

25 MR. STEIN: In other words,
26 you are saying --- we have heard this said a number of
27 times, that there are a large number of individuals who,
28 when in the office of a person who is there to treat
29 them, are faced with the question --- the psychologist
30 or the psychiatrist or sociologist, what he is there to

1 | treat in effect. Tell me, on the question of police
2 | surveillance that you brought up, is there any policy
3 | at the University regarding any question of the use of
4 | undercover agents, for example, on the campus? Would
5 | there be any policy on that one way or the other?

6 | MR. HOUGH: As far as the
7 | University campus security force, I don't think that those
8 | agents operate. I think that area would be covered by
9 | either the City Police or by the R.C.M.P. Narcotics Agents.
10 | While I have this sitting in front of me, my relationship
11 | with the students is rather more the relationship with
12 | groups rather than the close personal relationships which
13 | exist between the student counselling and the Dean of
14 | Women, and her women students that will come into her
15 | for counsel. The one particular group that I have in mind
16 | are the fraternities. Now, one would expect that perhaps
17 | you might find considerable drug use in those organizations.
18 | It is rather interesting to note that I know that there
19 | have been individuals who have used marijuana, but the
20 | general action of this group --- these groups, is to
21 | revert to the good old alcohol, and I think that there may
22 | be several reasons for it. They do come under extreme
23 | pressure, most of them are affiliated with national
24 | organizations in the United States and they do become
25 | under ---

26 | THE CHAIRMAN: Excuse me, you
27 | have an opportunity there ---

28 | MR. HOUGH: They come under
29 | extreme pressure from them to stay away from the drugs.

30 | MR. STEIN: That is an

1 interesting observation. Do you get that from them,
2 are their directives from head ---

3 MR. HOUGH: There are directives
4 that come out from their headquarters stating flatly
5 that they will not tolerate the use of any drugs in
6 any form in fraternity houses and severe measures are
7 taken if anyone is found guilty of this.

8 MR. STEIN: What percentage of
9 students at your University would be members of
10 fraternities?

11 MR. HOUGH: It runs around
12 8% to 10%. About 8% I would imagine.

13 DR. LEHMANN: Is there any
14 indication that other drugs than marijuana are being
15 used to any extent on the campus; Speed or heroin, or
16 what is the incidence of LSD for instance?

17 MISS MUNROE: Certainly, I
18 think there is indication that other drugs are being
19 used; to what extent I don't know. But you know,
20 students will talk about knowing students who have
21 been badly affected by a variety of drugs and I think
22 that there are some who really like to kind of scramble
23 the drugs that they take.

24 MR. HOUGH: And too, I think
25 with the attempts to dry up the supply of marijuana,
26 both at the Mexican border and in the United States
27 and at the Canadian border, when for a while it came
28 into short supply, there are indications that there
29 was a quick increase in the use of hashish, for example,
30 in contrast with the marijuana. And then we keep

1 hearing about---concern about the purity of the marijuana
2 that they do get or what is sometimes purported to be
3 marijuana.

4 Few are reported. Now I have
5 never encountered a student who said when the marijuana
6 supply was a bit difficult that he had actually taken
7 and moved on to heroin. There are reports of others who
8 did, but the number would appear to be very small, but
9 this wouldn't suggest---

10 THE CHAIRMAN: I notice that
11 one of your recommendations here is for more information
12 available in schools and colleges and universities. What
13 kind of drug education and information programme would
14 be feasible in universities?

15 MISS MUNROE: Well I think a
16 whole variety of techniques could be used to present
17 information that is known and opinions from people who
18 have been doing work in this area on both sides of
19 the fence, if you will. I think that so often what has
20 happened when there has been some attempt to do this,
21 with university students themselves, unless they are in
22 a setting that is reasonably well controlled, it can begin
23 to be too much a waiting on just one side or the other,
24 but I think that within the residence they have run some
25 good seminars on drugs

26 MR. HOUGH: We had one teach-in
27 on drugs, and as Miss Munroe has pointed out, the prin-
28 cipals in attendance at that were in favour of the use
29 of drugs.

30 DR. LEHMANN: Have you any

1 indication that the faculty is involved to any extent in
2 the use --- the younger members of the faculty, for
3 instance, as in some universities?

4 MR. HOUGH: Oh, definitely.
5 The percentage is small I suspect, but very definitely.

6 DR. LEHMANN: Is there
7 interaction between the students and these members of
8 the faculty?

9 MR. HOUGH: There is reported
10 to have been. Now I have to talk second hand here and
11 it is not a court of law fortunately. I have heard reports.
12 But it is hearsay. But from what I know of members of
13 the faculty, there has been no question, there has been
14 a lot of interaction between users of drugs and the
15 faculty and students, very definitely. But the
16 percentage is small.

17 DR. LEHMANN: Going over for
18 a minute to the older members of the faculty who often
19 hold the key posts. What is the level of information
20 on drugs and what is the attitude of these older members
21 of the faculty towards drugs? Is there a continuum, or
22 is there a split between the younger and older members
23 of the faculty?

24 MR. HOUGH: Well, I would
25 imagine that there are big differences. Keep in mind
26 that with a faculty of very close to 1,500, I find it
27 hard to generalize, and in all of the disciplines that
28 are involved. It would appear that the same phenomenon
29 that is observable and has been reported both here ---
30 which is reported in studies done at American universities

1 | which indicates that the tendency towards use can almost
2 | be identified, or at least not by department, but the
3 | percentage of use among groups of students would be
4 | rated by department, and it would be --- you will get
5 | your variation there. Now the same tendency, I think,
6 | is evidenced among the young professors who tend to use
7 | the drugs. This is a generalized impression but it seems
8 | to tie in with the information from the United States.

9 | THE CHAIRMAN: What is the
10 | responsibility of the university on the subject of non-
11 | medical drug use, in your opinion?

12 | MR. HOUGH: Well ---

13 | THE CHAIRMAN: Having regard
14 | to the fact that it is a residence of students?

15 | MR. HOUGH: You are arguing--
16 | one gets into the question as to whether the university
17 | does or does not have a deputy parental role. And as I
18 | read it, at this university and elsewhere, the tendency
19 | is to get right away from that role or any responsibility
20 | in that respect.

21 | MISS MUNROE: May I just add
22 | to that?

23 | THE CHAIRMAN: Yes.

24 | MISS MUNROE: I would see a
25 | definite responsibility in connection with helping
26 | students really look at the thing from the point of view
27 | of the information that is available, from the point of
28 | view of the legal situation that exists and definitely
29 | making every attempt possible to keep the phenomenon
30 | out of the residences because of the social affect that,

1 I think, regardless of the fact that we are not in
2 local residences, I think that we do have a responsibility
3 in connection with the climate.

4 THE CHAIRMAN: Well then,
5 what kind of a policy does that imply on your part?
6 Is it waiting for people to come or is it more aggressive
7 or positive than that?

8 MISS MUNROE: It is more
9 aggressive, certainly in the residence. It is a
10 question of helping them to work seminars, to use
11 knowledge that is available, to think in terms of their
12 own planning and control of this because the residences
13 have (unintelligible)^{portion} government functioning. In my role
14 with the women students it is certainly an attempt to
15 talk with them and try and get some picture of if they
16 are involved at all, of what the purpose is that is
17 being served by involvement with drugs, and then trying
18 to get other alternatives available to them, and if it
19 is indicated, getting them to health service or to
20 counselling service, to deal with the underlying
21 problems.

22 THE CHAIRMAN: Well, what is
23 to be the general attitude towards non-medical drug
24 use? You are asked for your general evaluation of it.
25 What do you say? What is the policy?

26 MISS MUNROE: What do I say?

27 THE CHAIRMAN: I am speaking
28 collectively now. What do we say, or what does anyone
29 who assumes any responsibility in relation to this
30 phenomenon, what should be the policy?

MISS MUNROE: Well, it seems to me that at the present time, we certainly don't know the final answers in connection with something like marijuana. But it certainly is something that is still generating a good deal of feeling on both sides and indication that there are people with a good deal of experience and genuine concern for young people who are feeling that it can be pretty destructive. I think that we have to try and give a balanced information point of view, but I also think that we do have a responsibility in connection with what is currently legal.

THE CHAIRMAN: Well, apart from accurate information which everyone seems to agree we should provide, but someone should first establish the information by research and so on. Apart from that, what do you say to the young girl at, let us say, eighteen --- let's say she is in a heavy science course where she has got a lot of work to do and so on, and she says, speaks of the pressure of the peer group, says: "Look, everyone thinks I should do it, and I am square and what-have-you for not doing it, and I am feeling increasingly alienated myself for not doing, and those that do it, talk about it all the time." What do you say to that? She says, "What do you think?" I am interested in the counselling process.

MISS MUNROE: Do you want to
start on that?

Well, since you have made it
a "she", I will start on it.

1 THE CHAIRMAN: I made it a
2 she because I have five daughters.

3 MISS MUNROE: First of all,
4 I think I would try and get a little more of the picture
5 as to why she was feeling so ill at ease and what it was
6 that the peer group question meant to her. In the end,
7 I would certainly come out very clear as to what I
8 thought about it in terms of the kinds of information
9 that come into me, in terms of the very serious risks
10 that it seems to me that are involved, and in terms of
11 my own conviction that there are just a great many
12 more productive ways of dealing with tensions, and
13 dealing with peer group relationships. But I
14 wouldn't do that right off the bat.

15 MR. HOUGH: Well, I will
16 disagree with the last part of what Miss Munroe
17 suggests, but with the first part, I think the first
18 thing to do would be to explore feelings here. But
19 I think that since it is how we do have to make
20 practical decisions, when it comes to try to tell
21 anyone what they must do with their life, even
22 psychologists, sir, are not competent. And while I
23 would certainly from my own personal view dislike
24 saying --- a young person who said to me, "Look, I am
25 going to try LSD" or "I find it very helpful and I
26 use it regularly", this would bother me because I
27 would try and make sure that they understood some of
28 the medical information that was available.

29 On the other hand, with the
30 state of knowledge that there is at least as I read

1 | it, with respect to marijuana, I do not think that I
2 | could take a positive stand one way or another.

3 DR. LEHMANN: There is one
4 general question involved here which has intrigued
5 me personally anyway for some time, and that is that
6 there is no doubt that there is an increase of the
7 feeling that everyone has to --- asks the younger
8 generation to take much more responsibility for his
9 individual life. There is also no doubt that there is
10 considerable upsurge of anti-authoritarian feeling and
11 scepticism and so on. Now, apparently there is ---
12 there has been no effect of these two phenomena on the
13 feeling of being under peer group pressure, although
14 this seems to be related, because if somebody is
15 suspicious of authoritarian, dogmatic opinion and also
16 feels that he has to make his own life and take the
17 responsibility for it, why don't the students then not
18 consequently say, "Well, to heck with what the others
19 are doing, I have to decide for myself." But apparently
20 they are still under the same peer pressure as they
21 ever were.

22 MR. HOUGH: Regarding this
23 pure pressure, I think you can take the parallel with
24 the --- you mentioned taking more care of their own
25 self discipline and influence of peer groups. Our
26 student residences, particularly the undergraduate
27 residences, are organized to give them the maximum of
28 self government. They make the rules themselves. They
29 enforce the rules. And I think with the right type of
30 leadership, this thing --- this same philosophy could be

1 applied to the use of drugs by the proper attitude in
2 the residence of the seniors who are the House Committee
3 and so on. But this is one place where this peer
4 group influence could be of great deal of value in
5 getting the leadership from the more senior students.

6 MISS MUNROE: One thing that
7 seems to me to occur a bit, is that it sometimes takes
8 a little longer to mobilize peer group pressure that
9 relates in any way to the "establishment" or to things
10 as they are, and it is always easier for peer group
11 pressure to first appear in a negative sense.

12 DR. LEHMANN: But why is
13 the power of the peer group pressure not being diminished?

14 MR. HOUGH: I wish I were
15 more of a social psychologist than a complex psychologist,
16 but I would suspect that it is people, and they are trying
17 to face problems and they attempt to turn to others for
18 support. There are, I suspect, anywhere in society a
19 remarkable few individuals who may take a stand absolutely
20 alone, and so that therefore if there are feelings of
21 alienation or estrangement, I would guess that they would
22 therefore try and form their support, or try and find
23 their guidance or goals from their peer groups, and
24 because we hear so much about the generation gap.

25 MISS MUNROE: Added to that
26 the fact that part of it is a group
27 stage and that maybe some of these same young people
28 will be likely to stand more alone later on, but that at
29 this stage of development they are going to be very
30 concerned about peer group ---

1 THE CHAIRMAN: Are there any
2 other questions or observations? Would you care to
3 come to the microphone?

4 Thank you.

5 MR. STEIN: There is one
6 behind you.

7 THE CHAIRMAN: There is one
8 behind you that would be more convenient.

9 Thank you.

10 THE PUBLIC: Mr. Chairman,
11 I should make a few remarks because as Provost to the
12 University Counselling Services, Health Services and
13 Student Affairs, they report to the President's office
14 through me. I didn't want to add myself to the panel,
15 but I must say that if you ask me how to diminish
16 undesirable herdings of students together in groups and
17 to give them self confidence, lower the age limit for
18 everything tomorrow. I am thoroughly convinced of
19 that. Because every time we turn a problem into the hands
20 of the students, they do better. And one of the chief
21 difficulties is that you are afraid to do it. Now,
22 you will be having a submission from the Students' Union.
23 It will be in some ways a submission which is perhaps
24 from the point of view of the panel there, slanted, because
25 it involves the feeling of this pressure on the peer
26 group to fight the establishment.

27 A word about the residences.

28 I have spoken to the women and the men in the residences
29 this year and their House Committees and they say as
30 far as the laws on alcohol and marijuana go, they know

the law, that the morality squad can raid those residences as well as they can raid 97th Street and if this is a fair society, they will; but we aren't going to tell them what to do, that they know.

And my last remark is that the Department of Student Affairs in conjunction with Counselling and Medical Services and Department of Psychology is doing^a rather intensive survey, through the facilities of institutional research, of student attitudes throughout the campus. We have already run a trial survey, the results of which are just in, and with the 1800 students in residence, with the full cooperation of the students there on the questions asked, they include intimate questions on drug use, sex and alcohol and they seem to be answered fully and fairly. Of course it is all anonymous and will go through the computer and the questionnaires will be destroyed. And we will be happy to make this available to you when we have it.

Thank you.

THE CHAIRMAN: Thank you.

Anyone else at this time?

If not, we thank you very much, Professor Hough, Miss Munroe and Major Hooper for your assistance today.

Thank you.

I call now on the Honourable Robert Clark, Minister of Education and Youth, of Alberta.

Mr. Minister, if you would

1 like to introduce your colleagues.

2 MR. CLARK: Thank you very
3 much. Mr. Ray (Burridge) from the Youth Department who
4 has had the prime responsibility of the programmes in
5 that Department is at my extreme left; Dr. Church from
6 the Department of Education, Special Education Services,
7 who has carried considerable responsibility for the
8 Department of Education; and on my right, Mr. John
9 Barr, Special Assistant to myself.

10 THE CHAIRMAN: Thank you.

11 MR. CLARK: Mr. Chairman,
12 Members of the Commission. At the outset I would ---
13 allow me to say how pleased we are that you are here
14 in the Province of Alberta in your second day with us.
15 Certainly we do appreciate very much the magnitude of
16 the responsibility which is yours and certainly we
17 appreciate that it is no easy responsibility.

18 I want to thank you for this
19 opportunity to meet and acquaint you with the current
20 policies and programmes of the Alberta government
21 concerning the question of drug abuse.

22 Last year, we presented you
23 with an interim brief on several aspects of our work
24 in this particular area. Since that time we have
25 inaugurated a number of programmes and have had
26 additional opportunities to study the whole question
27 of drug misuse in the province. I would therefore like
28 to outline briefly how the Government of the Province of
29 Alberta views drug abuse and what we are doing to
30 combat it. I would like to begin by placing on record

1 the Government's position on what we think are three
2 rather critical issues in the whole field:

3 Initially, the question of
4 legalization of marijuana.

5 While the case of legalizing
6 marijuana has been made by men of good will and
7 sincerity, we cannot agree that the case has been made
8 convincingly in our opinion.

9 Marijuana is not the most
10 dangerous available drug in terms of its harmful effects
11 upon the individual. At the same time it is a potent
12 substance whose physical and psychological effects upon
13 a substantial number of people, to say the least, are
14 unpredictable, unknown and certainly possibly harmful.

15 Moreover, it has become a symbol
16 of the whole drug phenomenon within the Province. We
17 suggest to you that to legalize such a substance at this
18 time when our society is already faced with more
19 internal problems than it can solve, would certainly be
20 undesirable.

21 On the question of penalties
22 for drug misuse, it is the hope^{of} the Alberta Government
23 that the Commission will propose solutions to the present
24 situations that exist in our law dealing with the matter
25 of drug misuse.

26 Basically, we feel that the
27 penalty should be proportionate to the danger of the drug
28 to the individual and to society. It is nothing short
29 of absurd that we presently provide penalties of up to
30 seven years imprisonment for possession of marijuana

1 and life imprisonment for trafficking in marijuana while
2 we provide a maximum penalty of only six months
3 imprisonment for possession of some of the amphetamines
4 and a maximum penalty of two years for trafficking in
5 the same.

6 The amphetamines are certainly
7 in our opinion vastly more physically damaging and socially
8 more dangerous than marijuana. The penalties, we
9 suggest, in this area, deserve a very serious review and
10 we feel that certainly they should be scaled drastically
11 upward with regard to the amphetamines.

12 The same comments hold true
13 for the penalties that now exist for the possession or
14 trafficking in other substances, such as LSD, which
15 presently come under the Food and Drug Act. The
16 penalties we suggest in general should be proportional
17 to the dangers that are very, very pronounced to the
18 individuals concerned.

19 Mr. Chairman, with regard
20 to the question of research, the continuing problem
21 with the drugs used partially --- or particularly with
22 the use of marijuana, is the dearth of authentic
23 research data and its causes and its effect on people
24 involved. Such research we think is certainly imperative
25 and we would suggest to you for your rather serious and
26 very genuine consideration to avoid unnecessary duplica-
27 tion of effort, and there should be some effort to
28 co-ordinate this work to be done at a national level,
29 and as far as the Province of Alberta is concerned we
30 are prepared to make funds available to the federal



1 government so that there can be a co-ordinated effort
2 across the country in this particular area.

3 I should make one other comment
4 in this area, and that is that not just in the area of
5 the actual facts of particular substances; but also in
6 the very broad and what we consider, very, very vital
7 question, and this is the reason for this type of
8 dependency. In other words, what about society and
9 really why are we in this kind of a situation? And so
10 as far as the Government of the Province is concerned, we
11 would be very prepared to make sizeable funds available
12 to a federal agency or some agency which could set up
13 across the country to do this on a co-ordinated basis
14 across the country.

15 Now I would like to outline
16 to you some of the things that we are doing within the
17 Province in this particular area of drug education and
18 how we are trying to come to grips with the problem
19 which is certainly a very serious problem in the provinces.

20 Beginning in November of 1968,
21 the Alberta Government sponsored a number of seminars and
22 symposia on drug abuse across the Province. Under the
23 auspices of a Committee created under the Human Resources
24 Development Authority, a Speakers' Bureau of informed
25 professionals was created to service the needs of
26 community organizations. More than one thousand engage-
27 ments have been fulfilled by the Speakers' Bureau in all
28 corners across the province.

29 In addition, literature has
30 been prepared and made available to the public. A

1 special mini-kit of drug information, copies of which
2 have been supplied to the Commission, have been sent to
3 more than 80,000 Albertans since the first of the year.
4 In addition to that, more than 4,000 kits of more
5 detailed information have been made available to educators
6 and counsellors and other people professionally involved
7 and working with young people across the Province.

8 More recently, in the Department
9 of Youth, work has been commenced on a "Data-Bank" of drug
10 research information. Computerized listings will be
11 made available to all individuals and groups interested
12 in securing detailed information in these specialized
13 areas.

14 It is fair to say that the
15 cost of these programmes, including details not outlined
16 here, was in the vicinity of \$60,000.00 last year. We
17 would see the amount being spent in the upcoming year
18 in the neighbourhood of \$150,000.00 to \$200,000.00.

19 During the summer of 1969
20 the Department of Youth underwrote the establishment
21 of three drop-in centres, two in Edmonton and one in
22 the Red Deer part of the Province, and these are gathering
23 places for alienated young people. In this project a
24 great deal of practical knowledge was accumulated about
25 the street-level drug scene in Alberta and how it can
26 best be appreciated. While the success of these projects
27 I think, at the very best, is difficult to evaluate, it
28 seems that, at the very least, we have succeeded in
29 bringing a sizeable number of young people in contact
30 with people who are better informed and brought these

1 young people in closer contact with resource people
2 than certainly they would otherwise have encountered.

3 Several months ago, the Govern-
4 ment concluded that our educational programme certainly
5 was not adequate to meet the need as we have seen it
6 across the Province, especially in our school system.
7 So in order to better come to grips ^{with} / this problem, we
8 have appropriated \$50,000.00 in this year for the
9 development of two films which will be used in the
10 school system across the Province. These films will
11 both be developed and made here in the Province of
12 Alberta. And in addition to being made available to
13 the school system, they will also be available to
14 organizations across the length and breadth of the
15 Province. It is our hope that these films will be
16 available in the early fall of this year, and that in
17 addition to this, the Department of Education has been
18 instructed to prepare classroom materials to supplement
19 these films for curriculum purposes. It is our
20 intention that these films will not be in fact a one-
21 shot effort but that they will be instrumental in
22 generating penetrating discussion within the classrooms
23 and certainly within many grades of our educational
24 system, primarily in the junior and high school system
25 in the Province. We feel as I have indicated earlier,
26 that they will also be useful to adult audiences and
27 they will be available to the communication media in
28 the Province.

29 In addition to this, at the
30 session of the Legislature just completed, the Legislature

1 | approved the establishment of an Alberta Alcoholism and
2 | Drug Abuse Commission.

3 This Commission, which ^{will} be under
4 the direction of a Board substantially composed of private
5 citizens, will eventually take over the operation of many,
6 if not all, of the Province's Alcohol and Drug programmes.
7 Decisions in this area will be left primarily to a
8 Board of twelve people, at least two of which will be
9 young people.

It is the intention of the Government that the Commission will eventually take full responsibility for funding many of our local community drug programmes and that it will play a vital role in the funding of research into this area of drug abuse.

Pending the involvement of the Commission, however, there is a vital need for action programmes, and I suggest that the action programmes need to involve all segments of the community. And that since the problem, at least as we see it here in Alberta, cuts across all levels of society, certainly cutting across the school system, the law enforcement agencies, social service systems, our hospitals, as well as a wide spectrum of citizens and certainly parents, we have established in the last six months two executive councils on drug abuse, one in Edmonton and one in Calgary. These committees are chaired by the Mayor of each city and include, in addition to a member the school boards, and representatives of the hospitals, a provincial cabinet minister who is a liaison person with

1 the Government itself.

2 And then associated with
3 the executive committee, is a technical advisory group
4 which are responsible for making recommendations to the
5 executive committee as to approaches which should be
6 used in the particular area as to how best to come to
7 grips with the problem. Here in the city of Edmonton
8 the committee has been established not as long as the
9 committee in Calgary but we are moving towards making
10 recommendations for us in this area.

11 As far as the Calgary executive
12 committee, it has been in operation as we have indicated,
13 for a longer period of time. It has forwarded to the
14 Province a proposal for a Crisis Centre to be operated
15 in downtown Calgary and it is possible that you may
16 have heard of this yesterday when you were in Calgary,
17 so I won't dwell on that particular area.

18 In conclusion then, gentlemen,
19 let me say that we appreciate the opportunity of
20 presenting our views to you. We appreciate the work
21 that your Commission is doing and we certainly do
22 appreciate the very heavy responsibility which is yours.

23 THE CHAIRMAN: Well, I should
24 say, Mr. Minister, thank you for those remarks, and say
25 that we appreciate having the views of a provincial
26 government given to this Commission. I don't think it
27 is perhaps technically the first provincial government
28 that has submitted its policy --- it is not the first,
29 it is the second. I think we heard from one other provincial
30 government, it's official --- what might be considered

1 | its official policy. This is a great value to us and
2 | we appreciate it.

3 | MR. CLARK: We do have in
4 | the information made available to you, in the folders,
5 | a statement of policy and so on, and a considerable
6 | amount of information that has been ---

7 | THE CHAIRMAN: I am interested
8 | in the Commission that you have established. Could you
9 | tell us a little bit more about the powers of that
10 | Commission?

11 | MR. CLARK: I believe the
12 | legislation is included in the kit. We have not moved
13 | yet to establish the Commission; the legislature just
14 | adjourned two days ago; but basically it will assume a
15 | responsibility for the Government's programmes in the
16 | area of alcoholism and drug abuse across the Province.
17 | It will in all likelihood be involved in two areas,
18 | specifically in the preventative aspect and certainly
19 | with considerable emphasis on the area of rehabilitation.
20 | I really am in no position to indicate a great deal
21 | more than that, other than to say that we have not been
22 | pleased with the results to date in these two areas, and
23 | we feel that a citizen's committee along with people of
24 | the Government, this may be a better approach. Also
25 | it will be removed one step from Government.

26 | THE CHAIRMAN: This is what I
27 | am particularly interested in, Mr. Minister. We are
28 | very interested in determining proper relationships of
29 | the various functions that are involved in this field,
30 | law enforcement, research, education and the relationships

1 to Government. So I am interested in^{the}/thinking that the
2 Government has put into this. What would be the relation-
3 ship of the Commission to your Department, for example?
4 Would it be independent?

5 MR. CLARK: Yes. The
6 Chairman of the Commission will report to the Executive
7 Council. The legislature yearly will vote funds that
8 would be available to the Commission to spend.

9 THE CHAIRMAN: You felt it
10 was important that the Commission be independent?

11 MR. CLARK: Yes.

12 THE CHAIRMAN: What would be
13 the further role of your department on drug use once
14 this commission is operating?

15 MR. CLARK: We might look at
16 the area of the Department of Education. Certainly it
17 will continue to have responsibility in the area of
18 curriculum, and certainly in the area of what the
19 school boards do in counselling and so on. But as far
20 as the Department of Youth is concerned, a number of
21 the programmes such as the Speakers' Bureau, the Data
22 Information, and so forth, may well become the
23 responsibility of the Commission.

24 THE CHAIRMAN: What would be
25 the relationship of the Commission's work to the
26 Department of Health?

27 MR. CLARK: The Minister of
28 Health was responsible for the legislation going through
29 the House because it was under his Department that
30 alcohol programmes in the past have been centralized.

1 He is a member of the Mayor's Committee in Calgary and an
2 executive in Calgary, so the Department of Health will
3 be very much involved because a portion of the Department
4 of Health will be involved in the special make-up of the
5 Commission.

6 THE CHAIRMAN: I hope you
7 don't think it indiscreet of me to ask why the Minister
8 of Education and Youth was entrusted of a statement of
9 the Government's policy on drug abuse, rather than the
10 Minister of Health.

11 MR. CLARK: Well, if I could
12 just make one brief explanation; hopefully, that is,
13 that the major responsibility in the area of the
14 Government's programmes in the whole field of drug
15 abuse have been under what we call the Human Resources
16 Development Authority which is a Cabinet Committee of
17 five Cabinet Ministers and I am the Cabinet Minister
18 who has been responsible for the major portion of the
19 programme to date and that is why I am making the
20 statement today. The Minister of Health, however,
21 took the legislation through the House.

22 MR. STEIN: I would like to
23 have your understanding of what the word "harmful" here
24 refers to. In other words, you refer to the concern
25 about the harmful effects on the individual and on
26 society and we need therefore to retain some form of
27 control to protect presumably, the individual and society.
28 Could you expand what your concept of what "harmful
29 effects" would be?

30 MR. CLARK: I think it is fair

1 to say in these particular circumstances here, when we
2 talk in terms of the "harmful effects", and while I
3 appreciate some people may say that the "jury is still
4 out", on the effects of marijuana for example, I think
5 the effect that that has on the individual himself from
6 a health standpoint, also from a --- and I am certainly
7 no sociologist at all, but from a social standpoint. And
8 then shall we say at least some of the side effects that
9 some people maintain that this has on the family, the
10 community at large. If there are any people here who
11 would care to comment in addition to that, I would be
12 quite --- Dr. Church or Ray?

13 DR. CHURCH: I realize that
14 in a question of harmful effects, there is a matter of
15 degree also. If you talk about alcohol, we legalized
16 alcohol and there is no doubt that it has harmful
17 effects, both physiologically to the individual and in
18 the view of mental health. But I think that drug
19 abuse, or when you take drugs to the extent that the
20 individual cannot operate effectively in his environment,
21 then I think that there is a question of it being
22 harmful, and I think also it effects the physiological
23 make-up of the person, debilitating him to such an
24 extent that it is injurious to his health; then I think
25 that we may say that it is harmful.

26 MR. STEIN: Well, speakers as
27 recently as the ones just preceding you were raising the
28 question, and have been with the Commission, as to
29 whether or not the percentage of individuals for
30 whom the use of a drug becomes debilitating. -- the

1 percentage warrants the use of a prohibition --- a
2 prohibitive law for all persons when it appears. So the
3 speakers have said to us, that the percentage of people
4 who may do themselves harm in the terms that you have
5 used the word, appears to be a minority. In other
6 words, is prohibitive law necessary to protect the
7 majority for the benefit of the minority, this kind of
8 contention?

9 DR. CHURCH: If I may speak
10 to that, Mr. Minister, a purely personal opinion. I
11 don't speak for the Government. I think quite frankly
12 that it is probably our fear, our lack of knowledge of
13 some of these new drugs and their effects that makes
14 us opt in favour of prohibition. We just don't know
15 the effects and some of the effects that we have --- are
16 aware of, we just believe that this is quite a terrible
17 thing if this gets out of hand, and therefore the
18 tendency is to say that the best way to do it is to
19 prevent it from happening at all, just prohibit it. I
20 don't know whether this is a wise policy or not, but I
21 think it is understandable in our fear of the unknown
22 that we tend to do this.

23 MR. STEIN: Just moving on on
24 the dialogue here, and I am sure you gentlemen have
25 probably been over this, but the point that has been
26 made to us over and over again, is that we do know what
27 the effects of criminal records, incarceration and
28 various other policies that we are presently implementing
29 to deal with this, are on the individual, and the
30 contention has been made, have we a legitimate right to

1 | prohibit a substance which is unknown in advance of its
2 | having been demonstrated to be harmful? In other words,
3 | one individual said we have to weigh up costs and
4 | benefits and that there are --- so far as this person
5 | could see, more costs to the prohibitive policy than
6 | there appeared to be benefits. Is it your contention ---
7 | and I imagine it must be --- that the prohibitive approach
8 | has more benefits than the perhaps regulatory approach
9 | might have? Or, in other words, where the substance
10 | would be distributed or controlled in some other fashion.

11 | MR. CLARK: Yes, you could
12 | fairly assess the brief that we have this morning in
13 | that light.

14 | I might add that
15 | I have taken the delegation this far into the logical
16 | slew; I hope someone can take us out the other side now.
17 | Perhaps before we get deeper into this slew, might I say
18 | until such time that there has been --- at least from
19 | our standpoint --- more factual information in the field ---

20 | DR. LEHMANN: That is just
21 | where I want to deepen the slew. It is quite possible ---
22 | conceivable --- even probable that it may take up to ten
23 | or more years before good and reliable, valid scientific
24 | information may be available of the kind that everyone
25 | is clamoring for now. Even if organized and systematic
26 | efforts are being made and supported by various Governments
27 | across --- anywhere in the world, even then it might take,
28 | just as it has with the contraceptive pill, up to ten
29 | years and after ten years and millions of people using it
30 | there may be still surprises coming all of a sudden. In

1 other words, it is quite probable that for another ten
2 or fifteen years we might not have the information that
3 everybody wants. At the same time the social phenomenon
4 might continue or gain in antitude and pressure. Would
5 you change your attitude then, say, in five years or in
6 ten years, or would you hold fast to it?

7 MR. CLARK: Well, it seems to
8 me that we are really asking that we look at this thing
9 in two fields, one the area that you have looked into,
10 yes. Also with increased emphasis in the area of a
11 pretty basic look at --- or some --- okay, basic look at,
12 okay, why is society moving in this direction, what is
13 it about society that is encouraging this, be it good
14 or be it bad, I think these are the kind of value
15 judgments that have to be made. But the point I want to
16 make is, that it seems to me that is more than becoming
17 involved in the look at the substance itself, that also
18 we have to ask ourselves some pretty basic questions
19 about the make-up about our way of life.

20 DR. LEHMANN: In other words,
21 you would leave it open, what your attitude would be?

22 MR. CLARK: No. I would
23 leave it open in light of the information that is
24 available in five years' time.

25 DR. LEHMANN: It won't be
26 definitive. I think one can be fairly certain about
27 this, fairly.

28 MR. CLARK: You would be in
29 a better position than I would to comment on that.

30 DR. LEHMANN: It is very

1 disillusioning but it is so regular that we hear from ---
2 and of course well organized people and intellectual
3 people will constantly make this statement, "Let's have
4 the facts, let's have some more good and hard scientific
5 evidence," and then base it on this and not on emotions
6 and attitudes and rash and impetuous feelings; then we
7 will make our decision. But the stock probabilities of
8 the facts are it is quite unlikely that in this particular
9 field sufficient hard information of a definitive nature
10 will be available for many years to come. So then, we
11 have to project this into the future and project our own
12 attitudes towards it too.

13 MR. STEIN: I will have to
14 think about that for a minute.

15 On the next page, where you
16 are referring ---

17 A MEMBER: May I say something
18 just before we get into that? It seems to me that
19 Governments are in a position where they have to consider
20 the question of risks to the, you know, life and safety
21 of other citizenry. We banned cyclamates on extremely
22 skimpy evidence, purely because there was a feeling on
23 the part of the Government and the medical people in
24 the Government that the risks were so great that even on
25 very limited evidence, the Government couldn't afford to
26 take the chance. And I think that is really at the root
27 of it, what motivates many people, and I think this is
28 what Dr. Church is referring to. This is what motivates
29 many people in Government to be very cautious about many
30 things like marijuana. I suppose the counter to that is,

1 | what is the risk to people who are going to get criminal ---

2 | DR. LEHMANN: And the social
3 | pressure about cyclamates isn't quite what it is about
4 | marijuana.

5 | DR. STEIN: Or the use, or
6 | the consume for use --- in other words, we have heard
7 | over and over again, people have said, "We don't want to
8 | release a new intoxicant into our community, and other
9 | people have stood up and said, "Well, what do you mean,
10 | release a new intoxicant?" So there you are. It is a
11 | question of some sort of control in the situation.

12 | A MEMBER: How do you have
13 | more control?

14 | MR. STEIN: This is the
15 | question.

16 | A MEMBER: I am a little bit
17 | afraid --- I had better be careful here --- I am a
18 | little bit afraid that liberalizing the laws against
19 | marijuana in a way makes less sense than legalizing
20 | marijuana because a very minor penalty against marijuana
21 | is like a law against blowing your nose in your own
22 | house. It is completely unenforcible and therefore you
23 | may as well go the whole distance.

24 | MR. STEIN: When people use
25 | the word "legalize" they often appear to be meaning no
26 | form of control at all; is that what you have in your
27 | mind?

28 | A MEMBER: I haven't actually
29 | heard anybody --- possibly some people feel that they
30 | ought to throw the doors open completely, but I am

1 prepared to accept for the sake of argument, that
2 reasonable experiments of loosening the laws against
3 marijuana, about controlling it the same way as we
4 control liquor. But surely that is far from a risk-free
5 situation. I mean, this is a substance that is in many
6 ways easier to conceal and so forth from --- and harder to
7 detect in definitive ways than alcohol, and therefore ---
8 and if the use of it trickles down into lower age
9 groups the same^{as} alcohol does, the possible risks may be
10 considerably worse than alcohol.

11 DR. CHURCH: I think what we
12 seem to be caught up in is a consideration of what is
13 most effective or what is more effective, control and
14 punishment or permissiveness, education
15 and enlightenment. And this is a tough one to have to
16 decide on.

17 MR. STEIN: Do you feel that
18 education is synonymous with ---

19 DR. CHURCH: You caught me in
20 my own trap, because I am an educator. I think education
21 obviously is the answer.

22 THE CHAIRMAN: Excuse me, were
23 you going to say anything more, Doctor?

24 DR. CHURCH: No, I think I
25 have said enough.

26 A MEMBER: I might wish to
27 comment on this area where the law is based on scientific
28 fact or whether the law is based on what people want,
29 and I think it is generally the experience of the society
30 that laws grow out of what people in the society want to

1 do, not on the basis of scientific evidence. And I
2 would think it is the purpose of this Commission to
3 establish --- try to establish what the people of
4 Canada want to do in regard to marijuana as well as
5 other drugs.

6 THE CHAIRMAN: You feel it
7 is our purpose to establish what the people want to do?

8 A MEMBER: I think this is
9 one of the purposes of this Commission.

10 THE CHAIRMAN: That is an
11 interesting statement. No one has said that, to us,
12 although one might think it is implied in the way of
13 conducting our business. But our terms of reference,
14 and we can still take advice on our terms of reference,
15 prompted by gentlemen like yourselves. Our terms of
16 reference are to inquire into the effects of this
17 whole range of psychotropic drugs, not just marijuana,
18 although that has been prominent in the coverage of
19 our hearings. We, of course, have to look at all of
20 the psychotropic drugs and substances in the eight
21 categories I mentioned at the beginning of the hearing,
22 and then we are asked to look at the patterns and the
23 extent of use, populations involved and so on, and then
24 this very large question that you emphasized, the
25 motivation and related social factors, try to put this
26 thing in its perspective in terms of our society and
27 what is happening to us. This is what
28 we are asked to inquire into and then to make
29 recommendations on the basis of these findings to the
30 Government as to what it can do alone or with other

1 levels of Government, to reduce the problems involved
2 in the use. Now that is what our terms of reference say.

3 Now we have interpreted our
4 terms of reference to involve necessarily an examination
5 of the current social response to this phenomenon in
6 Canada. What are the various institutions and kind of
7 response involved, and how is it going? And I think we
8 have interpreted them also necessarily to imply an
9 assessment of what we can do as a society; what is a
10 feasible and wise range of social response to this
11 phenomenon. So we feel very much the need for opinion
12 of Canadians, as many Canadians as we can meet, because
13 we do feel that it is very, very --- it is a profound
14 social problem; it involves profound moral issues; it
15 involves personal decision, personal involvement, and
16 ultimately we think Government policy has got to be
17 influenced by these attitudes. It is not just a question
18 of counting heads politically, but just, you know, what
19 is right for society. I am both reassured to have this
20 statement, and also we are of course a little concerned
21 because you ask yourself, "How representative is the
22 personal opinion we are hearing? How do we get at the
23 weight of Canadian opinion, and insight in this thing?"
24 We have done our best; we have exposed ourselves as best
25 we can publicly, and we have other techniques we are
26 adopting of course. We are doing our own survey and
27 research on a national sample, but this is the reason
28 why we attach importance to our hearings and why we urge
29 everyone to give us the benefit of their views. We have
30 had quite a heavy correspondence and we value that. Some

1 people obviously feel some reticence in expressing
2 themselves publicly on this issue, and it is probably
3 understandable. But we have been hearing increasingly,
4 we feel, from what might be said a more representative
5 cross- section. People are beginning to realize, you
6 know, it is on our individual door step and this is
7 the time to come forward and try to think through it
8 to the best of our ability. So we will persist in this
9 course, although I don't know whether we will find the
10 weight of opinion.

11 Thank you.

12 A MEMBER: I was simply
13 reflecting on the scientific research necessary in the
14 field of marijuana. I guess I want to comment that if
15 marijuana is legalized or not legalized or controlled or
16 not controlled, or whatever happens, will not depend
17 ~~in the long~~ run on scientific evidence.

18 THE CHAIRMAN: Would you like
19 to come to the microphone?

20 THE PUBLIC: Mr. Chairman,
21 this may not be a fair question to the Minister but I
22 would like to ask it anyway. I was wondering if his
23 real fear is not that the young people today, whether
24 they take drugs or not, are not really wanting to
25 contribute to the society today, they are very upset
26 with the way society is run, the pollution and all of
27 the general problems. Don't you think that is his real
28 fear; that is the reason why when young people go to
29 jail they have their hair cut, and they are told: "you
30 have got to get a nice little job, you have got to get

1 a nice little home, you have got to have a nice little
2 family," and I was wondering whether that is not his
3 real fear, not the fear the drugs are the problem. The
4 fear is that this is a stigma that is attached to it,
5 that perhaps drugs do make people more aware of them-
6 selves and more aware of perhaps the true and more
7 intimate things they would be doing with their lives,
8 not the dirtying of lakes and rivers and streams and
9 building God-high buildings to make the world a general
10 mess.

11 MR. CLARK: Well, two
12 questions. First of all, it is a fair question, and
13 the answer to the second question is really, you know, am
14 I taking the stance I am because I think that if we can
15 get --- this question nicely tidied away that there will
16 be no --- these other problems won't have to be faced
17 by Government. The answer is absolutely no.

18 THE PUBLIC: But I was
19 wondering if your fear is the fact young people today
20 are not wanting to get into business perhaps. I mean
21 they are interested in more esthetic things, shall we
22 say.

23 MR. CLARK: No, I don't have
24 a fear in this area, in fact it is pretty well indicated
25 that the people ---

26 THE PUBLIC: It seems to me
27 that I sometimes think it is the fear of the Government.
28 The Government seems in my mind to be getting more and
29 more facist every day, you know; it is perhaps a wrong
30 thing to say, but I really believe it. If there was

1 an election today, I wouldn't vote. I mean there would
2 be no party; I would be really afraid to vote because I
3 am afraid the way the Government is going these days,
4 and it really bothers me. I am really upset. You know,
5 because one Government is as bad as the other.

6 MR. CLARK: I appreciate your
7 frankness obviously. Secondly, I appreciate the company
8 because you have lumped all Governments together.

9 But on a serious note, I think
10 I would be less irresponsible if I didn't say I feel there
11 are a number of people in your age group who have these
12 very deep seated feelings, and, well, if we look at the
13 universities system in the Province and the people
14 who were up here before we were could answer this better
15 than I can, but if you trace the fields of interest
16 in Alberta's secondary education system there is a
17 real swing towards the humanities, social sciences,
18 so on and so forth which I think is in keeping with what
19 you said earlier.

20 THE PUBLIC: All right. Thank
21 you.

22 THE CHAIRMAN: Yes. Gentleman
23 on the microphone.

24 THE PUBLIC: I just want to
25 sort of back up what the young man has said before me,
26 perhaps giving some actual statistics. I would make one
27 comment that it is too bad that there aren't more young
28 people here. Talking about fear, I suspect one of the
29 reasons is that there are still about fifteen warrants
30 out and well, I know you are not worried, but one doesn't

1 just know who is going to be picked up, whether you are
2 going to be picked up by mistake or what. But the thing
3 that concerns me is that the Government seems to be,
4 and this is not an attack on the Government, this seems
5 to affect our thinking of the whole problem. I am
6 very impressed with what the Department of Youth has
7 been doing in drug education, but the Government does
8 seem to be speaking out of two sides of its mouth. And
9 getting back to this young man's point, the Department
10 is doing a lot of education, no other Department has
11 progressed as well. This Government has come within a
12 shade place of passing legislation which gives the
13 police without warrant to enter and search on the
14 suspicion that there are drugs.

15 Now this is the sort of slew
16 that you get into if you take the prohibitive approach
17 to its logical conclusion. I suspect there might be
18 many young people here who would like to really voice
19 their concern about this. But our Government has come
20 within a shade of passing this legislation, which gives
21 the police the power to enter and to search without
22 warrant. Now picking up his point, that is getting
23 pretty close to the sort of state that he is talking
24 about. If you don't look right, if your hair is the
25 least bit long --- I am a clergyman and I am fairly safe
26 and comfortable, but my friend here is not. Perhaps one
27 reason the amphitheatre is not full up of young people
28 is because of this uneasiness. Now perhaps the
29 Commission has to grapple with this problem that the
30 problem our own Province is grappling with, trying to

educate on one hand and trying to meet the hysteria about drugs on the other, or almost passing legislation which destroys the credibility, the credibility amongst the very young people they are trying to reach with their education programme. Perhaps I have got the scene wrong, but that is how I see it and I have been working with young people in drop-in centres, with the hip kids and the transient youth, and I know them well. And I am sorry they haven't been able to speak and perhaps I have spoken somewhat on their behalf.

MR. CLARK: I think you have spoken quite well on their behalf, and I just make one comment; what you say is right, that last year this legislation was introduced in the House and this year it was proposed to be introduced. But perhaps the really important thing is that when people such as yourself, when other individuals stood up and said that, "We don't think you should be moving this fast," that the "Government" if I might use the term, in its fascist approach, to use someone else's term obviously, didn't turn a deaf ear, but it proved to be, okay, maybe not as responsive as you would like it to have been, but one might --- I might facetiously say that it was perhaps a darn sight more responsive than it might have been in this area too.

THE CHAIRMAN: Yes.

THE PUBLIC: I have two questions to ask; the first one is, from what I gather you propose to put all users of drugs in prison. Is this true? And if so, where do you expect to get the space to accommodate them?

The second question is, do you consider these young people that you want to put in prison criminals, and if so, does this mean your Government sees the next generation as criminals?

MR. CLARK: Answering the last question first, obviously we don't see the generation of young people who are represented here or the generation of young people who are in the school system or in the post university system in the Province however, as criminals, no, there is no question about that. On the other hand, it is no easy problem, this question of dealing with the laws as they are today dealing with the responsibility that law enforcement agencies have, dealing with the responsibility that parents and the population of the Province have, and their concerns in this field, either. Quite frankly, I suspect I haven't answered your question the way you would like it answered, but all I am saying is it is a many sided factor. We don't think that the young people of Alberta are criminals. And there is another point, that it is one thing to be involved in the user aspect; it is another thing to be involved in the person who is, for the lack of a better term, "pushing" the substance.

DR. LEHMANN: Would your department consider as part of its responsibility to counteract what has been referred to by one speaker, the hysteria of many people about drugs through education --- by educational means or through educational means? In other words, there are many people who do feel terribly frightened, and duly so, and perhaps might act as

1 hysterically about drugs. And many of those are parents,
2 many might be teachers, some might be sitting in the
3 Government. Would you feel that it is a responsibility
4 of your Department to do some corrective work there?

5 MR. CLARK: Could I answer
6 that by attempting to outline what we have done in
7 one or two instances with the Speakers' Bureau that we
8 have sent out at the request of organizations or
9 communities where we have sent out, and Mr. Birch has
10 been responsible for this, and I will ask him to comment
11 later. But we have sent out on some occasions one person
12 and on some occasions, two people to present the
13 situation as they see it to a home and school group,
14 to a group of students, to a particular organization in
15 the community, and sincerely trying not to get people
16 that see the thing exactly the same. And one of the
17 real problems the Government has is, you send these two
18 people out to a community here in Edmonton, and to a
19 home and school organization and they present the pros
20 and the cons as they see it, and you send the same two
21 people out to other communities across the province and
22 their reaction, and the response that they get from
23 people is completely different. You know, there are many
24 people who feel it is the responsibility of Government
25 or people doing this kind of work and so on, say: "You
26 jolly well better not be doing this because of this and
27 this and this and this and this," and who act very
28 negatively when we have tried in fact to say, "These are
29 the pros and cons as you see it and you make your own
30 decision." This is what I think likely is the approach

1 we have most success with as far as young people are
2 concerned, with the school system in the Province. Let
3 me just point out to you it is a real bind, at least we
4 have had some real problems in doing this because we
5 have different people from different circumstances,
6 different age groups, different reactions to it.

7 Would you like to comment?

8 A MEMBER: I think one of
9 the --- in the past year and a half one of the goals we
10 have done on educational work in the Department of Youth
11 is to dampen out the panic and the hysteria around the
12 Province. I think to a large measure in areas where we
13 hrve been involved with workshops or symposia or panel
14 presentations, you know, something to that extent, a
15 one or two hour speech, that we have been able to
16 accomplish a good deal of that and I have personally
17 noticed during the past year that in communities we are
18 going into are able now to sit down with people and
19 talk fairly realistically and honestly about things
20 like youth culture, adult culture, generation gaps,
21 credibility gaps, value systems, this kind of thing
22 rather than the panic reaction we were having a year ago
23 or a year and a half ago about the drugs themselves. And
24 I think this shows a growth on the part of the citizens
25 of the Province.

26 THE CHAIRMAN: Gentleman at
27 the microphone?

28 THE PUBLIC: I just want to
29 comment on^{the}/gentleman's statement about pressures and
30 things like that.

1 THE CHAIRMAN: Could you
2 speak a little more closely to the microphone?

3 THE PUBLIC: Oh, sorry.

4 I just want to comment a
5 little about Mr. Clark's statements about pressures and
6 trafficking etc. There is a gentleman in this courtroom
7 by the name of ^(unintelligible) / , he is a morality squad
8 detective, so I don't know what I am about to say, where
9 it stands legally, or something, but I have sold marijuana
10 myself and have sort of had the combination of my
11 involvement in drug usage about a week today when a
12 friend of mine was put in jail for seven years, and I
13 didn't like that one little bit. And I don't see why
14 I can't sit down and smoke marijuana. And as far as I
15 was concerned, we were sort of pushed into trafficking.
16 We didn't go into it with any great ambitions for making
17 any money or anything like that, we just wanted to
18 smoke a little weed. And that's about all. And I think
19 that's the way most kids get involved in it. Nobody is
20 going out to try to destroy any society or anything like
21 that, they just want to sit down and smoke a joint every
22 once in a while.

23 MR. CLARK: Would you say
24 the same thing with someone who sells LSD?

25 THE PUBLIC: Of course not,
26 there is limitations. But like, okay, you get on to
27 marijuana really great; you stop that, so kids
28 start turning on to other things and they are just going
29 to go right into chemicals. Chemicals are a lot easier
30 to handle than anything else, you don't have the bulk to

1 deal with.

2 MR. CLARK: But I am
3 interested in the notion of morality here. Let's leave
4 marijuana out of it for a minute; maybe you can make
5 a strong argument for marijuana; but what do you think
6 about --- you are painting a picture of the pusher as
7 a sort of a very innocent kind of person.

8 THE PUBLIC: I speak of
9 marijuana and hashish.

10 A MEMBER: You wouldn't say
11 the same thing about acid?

12 THE PUBLIC: As far as I
13 am concerned I am not in favour of them because it is
14 just too heavy of a thing to be done anything under like
15 the normal circumstances, like dropping acid and going
16 to a dance like that. Too many things can happen, like
17 that to screw you up. The same with speed and things
18 like that, too many things can happen to screw you
19 around so I am not in favour of it. A lot of this
20 centres around marijuana and I think you get to know it
21 and you want to be left alone, but people won't leave
22 you alone.

23 As I just said, you want to
24 be left alone, but people won't leave you alone.

25 THE CHAIRMAN: Any more
26 questions from anybody?

27 MR. STEIN: Do you think in a
28 general sense that your understanding of the way that
29 marijuana and hashish are distributed in this general
30 locale is consistent with that picture you just presented?

1 In other words, yesterday --I'll tell you why I am
2 asking the question. Yesterday at the University of
3 Calgary, some people talking to us there were concerned
4 about the already developing involvement of organized
5 crime in the area of these substances. You are free
6 not to answer any of that question, I am just wondering;
7 the whole question of distribution is difficult to get
8 a picture of and you seem to have some sense of this.

9 THE PUBLIC: Well, all I
10 talk about is in relation to' marijuana and hashish; I
11 can't get into your chemical things. Now I just read
12 what I read in the papers about chemicals and they say
13 organizations are developing so everything I relate to
14 I relate to marijuana and hashish now. You do organize
15 to a certain extent, you know, it is just logical a
16 certain amount of organization has to come out. Now
17 you hear little rumors about organized crime and things
18 like that, but in relation to marijuana and hashish
19 there is no profit involved, you know, you just don't
20 make that much money on it.

21 MR. STEIN: I wonder if I
22 could return to your brief just once again?

23 A MEMBER: I just wanted to
24 mention about this dampening of hysteria. We hope
25 these two films that are going to be made by the
26 Commission, and I am informed this is a unique project
27 in Canada. Apparently the Province of Ontario has some
28 very minor involvement in this; there doesn't seem to
29 be anyone else that is being involved. We looked at
30 movies in television in schools right now, and we

1 weren't very impressed with them in terms of reaching
2 kids, and they aren't reaching very many kids except
3 kids that are already convinced. And these two films that
4 we are going to be commissioning, and I think there may
5 be some more detailed announcements about this next week,
6 will, I think, make quite a contribution, not only to
7 the dampening down of hysteria, but hopefully speaking
8 across the generations, because one of these films is
9 going to be done in association with a rock group in
10 Edmonton, a number of the members of which have been
11 pretty intimately involved in the drug scene in various
12 ways, and who have views about drugs that are based on
13 experience. We hope that this film especially will have
14 a lot of credibility for kids. It won't be a temperance
15 kind of film at all.

16 THE CHAIRMAN: Mr. Minister,
17 I hadn't had a chance to read Bill 51 carefully, but
18 I just noticed the definition of drug abuse in the Bill.
19 It is in the definitional section, Section 2, and it
20 raises a number of interesting questions from our point
21 of view, because we have had to consider this question
22 ourselves. First of all, I notice that in the definition
23 it says addiction --- drug abuse means "addiction of a
24 substance other than alcohol." We have taken the view
25 that alcohol is a psychotropic drug and it is definitely
26 included within our terms of reference, and certainly
27 that view has been impressed upon us by many institutions
28 involved in alcohol work, alcohol study, alcoholism,
29 across this country. Indeed, many of them have suggested
30 to us the concern that we might underestimate the

1 importance of alcohol in the whole non-medical drug use
2 picture, both by virtue of its own independent and
3 significant extent of use of alcohol, and also its
4 possible relationships to other drug use. I am wondering
5 what considerations there were behind that decision to
6 exclude alcohol from the drugs to be dealt with by this
7 Commission. And yet the Commission itself is called
8 the Alcoholism and Drug Abuse Commission.

9 MR. CLARK: I have to say
10 that I am not as well versed here as perhaps you might
11 wish that I was. I would be quite prepared to take the
12 matter up with the Minister of Health and have him
13 correspond directly with you. I would just be making
14 a supposition on that because I wasn't involved in the
15 legislation itself. I will follow this up and have the
16 Minister of Health contact you.

17 THE CHAIRMAN: We would
18 appreciate receiving any background, if you could make
19 it available to us, any background paper that shows the
20 thinking that went into that definition, because there is
21 a second part to it as well which I would like to pursue.

22 MR. CLARK: I am not really
23 trying to duck the question.

24 THE CHAIRMAN: I appreciate
25 that; and I understand that. But if you could give us
26 the information and background of that we would appreciate
27 it.

28 MR. STEIN: I wonder if I
29 could refer back to a part of your brief referring to
30 increasing penalties for drugs which are, in your

1 estimation, clearly more harmful than marijuana, and I
2 gather from this that you would be in favour of increasing
3 the penalties for the use and trafficking of amphetamines.
4 Is that a fair interpretation?

5 And one of the questions that
6 has been raised with us in relation to that kind of a
7 suggestion or recommendation is that unlike the substance
8 of marijuana we are presently not prohibiting entirely
9 the availability of these substances and it is therefore
10 more readily available to the general public, certainly on
11 a legal basis, to obtain amphetamines and as long as they
12 are legally available through prescriptions, it becomes
13 very, very difficult, perhaps it has even been suggested
14 even more difficult for law enforcement --- from a law
15 enforcement point of view to enforce that kind of
16 legislation. In other words, legislation directed to
17 amphetamine use. Have you any comment on this kind of
18 concern? Do you --- in other words, are you of the
19 opinion that this kind of legislation could be more
20 effectively enforced than perhaps the present legislation
21 that has been stated to us in relation to prohibited
22 substances, would you be able to effectively enforce
23 that kind of legislation or use especially?

24 MR. CLARK: Well, perhaps
25 two comments; one, I would say I am convinced that if you
26 change the legislation --- take it out of the criminal
27 code and so on, I have no illusion, it isn't going to be
28 difficult to police or difficult to enforce, it is perhaps
29 a better term. On the other hand, it seems to me that
30 young people today are saying about society, you know,

1 you have got all sorts of standards and this is really
2 what we are trying to get at here, that --- and there is
3 a number of people anyway that feel that the things that
4 can result as a result of the use of these may be much
5 more serious than the use of marijuana. Now if this is
6 a --- and we think it to be so --- in other words, we have
7 to do some reallocation or some rethinking of the
8 prohibitions, of the penalties and so on. So I guess
9 before you ask the question, I had better go on to say
10 that we are suggesting, why I chose my term earlier,
11 why the jury is out ---

12 DR. CHURCH: I think one of
13 the things that complicates the situation is that because
14 many of these drugs are, like the amphetamines, are
15 prescribed by doctors, are distributed and compounded,
16 at least distributed by pharmacists, there is the
17 implication that they are useful in the relief of
18 suffering or in the treatment of certain ailments and
19 so that it has put the amphetamines in a different class
20 from marijuana, in which it hasn't been blessed by the
21 approval of the medical profession.

22 DR. LEHMANN: The astronauts
23 were given dexadrine twice today for the re-entry, so
24 that I am afraid is going to glamorize ---

25 MR. CLARK: Did they make it?

26 DR. LEHMANN: I don't know.
27 Probably.

28 THE CHAIRMAN: Lady at the
29 microphone?

30 THE PUBLIC: I would like to

1 know just exactly what they think they will do if they
2 legalize marijuana. There will be nothing to stop those,
3 like that last chap who was up here, from selling it to
4 kids who are many years younger than the ones who are
5 using it now. If these kids are selling it now, and
6 they can buy it illegally, there will be nothing to stop
7 them from peddling it to every kid in public school all
8 over the city.

9 THE PUBLIC: It doesn't need
10 to be legalized. If a little kid wants it, he can get
11 it.

12 THE PUBLIC: And you could do
13 it without any conscience whatever?

14 THE PUBLIC: It is not
15 conscience. It is here. The Government doesn't have to
16 legalize it, it is here.

17 THE PUBLIC: I think that
18 there are many ways of stopping it, and I think we are
19 going to have to ^{be} much tougher on boys like you.

20 THE PUBLIC: What do you
21 mean, "on boys like me"?

22 THE PUBLIC: You are all in
23 favour of this, you see nothing wrong with selling it to
24 young people?

25 THE PUBLIC: I don't say there
26 is nothing wrong with selling it to young people, I say
27 that it is here now. I am not saying, you know, pushers
28 are really great guys, I am saying that there is nothing
29 that you can do about it.

30 THE PUBLIC: Do you think

1 marijuana is an evil thing?

2 THE PUBLIC: No, I don't
3 think it evil, and I don't know really enough about it;
4 I have never tried it. But there is no way I would try it
5 when I see what it has done to so many kids.

6 THE PUBLIC: I have used
7 marijuana for four years and I have had kids.

8 THE PUBLIC: What do you
9 think it has done for you?

10 THE PUBLIC: It has done a
11 heck of a lot for me, it has changed my life completely.

12 THE PUBLIC: I don't doubt
13 that, but what has it done?

14 THE PUBLIC: When you ask
15 somebody what marijuana has done; what has alcohol done
16 for you? Marijuana does more or less the same thing; some
17 people can relax without anything. I can relax with
18 marijuana; I cannot relax otherwise. If I could, I would.

19 THE PUBLIC: Well, perhaps ---
20 a lot of you kids have ---

21 THE PUBLIC: We have problems.

22 THE PUBLIC: I agree.

23 THE PUBLIC: It is not a
24 critical habit.

25 THE PUBLIC: You could stop
26 using it tomorrow if you wanted to, or right now?

27 THE PUBLIC: If I wanted to,
28 but I don't want to.

29 THE PUBLIC: I think this is
30 the problem, is why do many of you not want to?

1 THE PUBLIC: It is a very
2 enjoyable thing. It is something I enjoy. You may
3 enjoy a cigarette or eating and I enjoy marijuana.

4 THE PUBLIC: What sensation
5 do you get from it?

6 THE PUBLIC: A relaxing
7 sensation.

8 THE PUBLIC: I have observed
9 some kids using marijuana sometimes and they sat and
10 stared at the pattern --- the T.V. test pattern.

11 THE PUBLIC: Well, some people
12 ---

13 THE PUBLIC: I mean, what is
14 so tremendous about that?

15 And there is no way I would
16 when I have seen what it has done to so many kids.

17 THE PUBLIC: You can't
18 adapt to it.

19 THE PUBLIC: Oh yes you can.
20 I don't have to be hit by a truck to know it's going to
21 hurt.

22 THE PUBLIC: When you are
23 talking about morality, isn't it just as immoral for
24 people picking up sixteen year old kids?

25 THE PUBLIC: I think these
26 kids should be helped, I am not saying put them in jail,
27 definitely not.

28 THE PUBLIC: That is what
29 they are doing now.

30 THE PUBLIC: Okay, but I think

1 the thing we should do is really help these kids; I think
2 they really desperately need help. Society really isn't
3 all that bad.

4 THE PUBLIC: The world needs
5 a lot of help.

6 THE PUBLIC: Okay, what are
7 you doing to help the world?

8 THE PUBLIC: I am joining a
9 pollution organization.

10 THE PUBLIC: What are you
11 doing? You are joining the organization?

12 THE PUBLIC: I am telling you
13 right now I am ---

14 THE PUBLIC: I don't mean to
15 fight with you, not at all.

16 THE PUBLIC: I think that ---

17 THE PUBLIC: I think there are
18 a lot more things you could do, though, to make this
19 world a better place.

20 THE PUBLIC: I wouldn't push
21 it on anyone else, but I think there are a lot more
22 experiences other than drugs.

23 THE PUBLIC: I think really
24 most of the problems stem from the use of drugs, yes,
25 as far as young people go, yes.

26 You say all you want to do is
27 to be left alone. Well, you know, you just can't get
28 left --- get through this world by being left alone.

29 THE PUBLIC: I don't want to
30 be left alone but I don't want to be harassed by people

1 | who bother me, I mean, you know ---

2 | THE PUBLIC: I don't want to
3 | be either.

4 | THE PUBLIC: Right, we are on
5 | the same level.

6 | THE PUBLIC: If I was keeping
7 | drugs and things in my house, I wouldn't like it, but
8 | I would have to admit ---

9 | THE PUBLIC: (portion inaudible)

10 | THE PUBLIC: Well then, this
11 | is unfortunate, I wouldn't like it, but if I were using
12 | drugs and keeping drugs around in my house I still
13 | wouldn't like it, I admit it, but I would have to feel
14 | that this is the chance I am taking.

15 | It is legal to have a little
16 | liquor cabinet.

17 | THE CHAIRMAN: Does that ---

18 | THE PUBLIC: Does it make
19 | it right?

20 | THE PUBLIC: If it is the
21 | law, it is the law.

22 | THE PUBLIC: It is the law
23 | because it is illegal and the only reason that you are
24 | against it. If it were legal, it would be all right.

25 | THE PUBLIC: It is because of
26 | what it is doing to so many kids I happen to know, and
27 | believe me, boy.

28 | THE PUBLIC: And what about
29 | marijuana for seven years now. You can go to any drug
30 | store and buy glue, any drug store and you can buy glue

1 | and little kids, if they can't get hold of something less
2 | harmful, they will take glue anyway.

3 | THE PUBLIC: I am not really
4 | worried about the majority of kids. Most of them have a
5 | good enough relationship at home that they are not going to
6 | try this. Now I am not saying that my little guys won't;
7 | I hope they won't; and I talk to them about it. But would
8 | you sit back and watch some little guy do this? Would
9 | this not bother you?

10 | So what if they have minds of
11 | their own. You have a duty to your fellow man.

12 | THE PUBLIC: I think there are
13 | some things that just cannot be done. I mean everybody
14 | just can't feel that they can do anything that they please,
15 | especially children. I have two children myself.

16 | THE PUBLIC: How are you
17 | going to feel in a few years when your kids are a little
18 | older?

19 | THE PUBLIC: I am scared,
20 | because I don't know what kind of things are going to
21 | come up, when my child is sixteen. I have no idea
22 | whatsoever, but I am not going to stand here and say,
23 | "You cannot do this because I said so."

24 | THE PUBLIC: I don't say
25 | this either, but I do think that you should try to point
26 | out to the kids what is happening and we don't have to
27 | look very far to see.

28 | THE PUBLIC: That is true,
29 | the child should be told. But is there harm in it, you
30 | see? You don't know if there is harm myself.

1 THE PUBLIC: Definitely there
2 is harm.

3 THE PUBLIC: I have used
4 all drugs. Really are they a disease or are they a
5 symptom?

6 THE PUBLIC: I honestly
7 believe myself that in most cases kids get started on
8 drugs and their problems begin. Now, this is my opinion.

9 THE PUBLIC: Oh.

10 THE PUBLIC: I hear laughs,
11 but I myself, really it is the other way, but I myself
12 believe the majority of kids ---

13 THE PUBLIC: I smoked marijuana
14 for two years.

15 THE PUBLIC: Good for you.
16 I think that is really something because I haven't
17 spoken to anyone.

18 THE CHAIRMAN: Ladies and
19 gentlemen, excuse me. I think we are going to have to
20 pause here, much as I regret it, following that discussion
21 with great interest.

22 The Minister, I must release
23 him and his colleagues. Thank you very much for your
24 assistance today.

25 THE PUBLIC: Do we have anybody
26 from public school boards here?

27 MR. CLARK: I think there are
28 many occasions where the school boards wouldn't want me
29 to represent them. Is the Edmonton Public or Separate
30 School Board making their presentation?

1 THE CHAIRMAN: No, the
2 Edmonton School Board has sent a submission but will not
3 be appearing.

4 THE PUBLIC: What good is it?
5 I don't see the purpose of a hearing like this if you are
6 not dealing with the people that are directly involved.
7 And so far there have been very important things that
8 have been happening, and maybe my sources aren't fact,
9 but I hear things like last year there was a big scare
10 that a lot of kids were really, really paranoid because
11 other kids were being paid to inform on others and so
12 far they have passed legislation, and I don't know whether
13 it is public school or separate, but the Separate School
14 Board, if kids are caught using and pushing, they
15 are expelled from school automatically.

16 THE CHAIRMAN: We heard
17 yesterday from the Calgary School Board and we had
18 hoped to hear from the Edmonton School Board. As I say,
19 we have received their submission.

20 THE PUBLIC: Could we read
21 the submission?

22 THE CHAIRMAN: Let me just
23 tell you where we stand on time. We have to go to the
24 University for a hearing from 1:00 to 2:00. I propose
25 to adjourn now so that we can grab a bite, and release
26 the Minister and his colleagues, and then we will return
27 here at 2:30 and we will stay here as long as we have to
28 to hear submissions, informal or otherwise, and perhaps
29 this afternoon we can deal with this, and I am quite sure
30 --- we have a submission that is twenty-seven pages I am

1 | told and we could read from it, invite comment on it.
2 | I don't think that would be improper. In any event, let
3 | us deal with that this afternoon. I think I must adjourn
4 | now.

5 Thank you very much, Mr.
6 Minister and gentlemen.

7 --- Upon recessing at 12:20 P.M.

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1 --Upon resuming at 2:50 p.m.

2 THE CHAIRMAN: Ladies and
3 gentlemen, I apologize for keeping you waiting
4 and thank you for your patience. We seem to get
5 behind about fifteen minutes running back and forth
6 and we can't catch up. We have just been to the
7 University where we have had a very interesting session.
8 I call now on Mr. Lorne Yeudall, Research Associate
9 of the University of Alberta.

10 MR. YEUDALL, if you would
11 like to be seated here at the table.

12 MR. YEUDALL: The brief
13 I would like to present today is, unfortunately,
14 only in a preliminary draft form, but the thought
15 behind it has been well formulated by others and
16 we have spent some time working on it. Unfortunately
17 we did not have enough time to have the final draft
18 prepared. We are proposing a conceptual model for
19 governmental decision on the non-medical use of
20 drugs. The purpose of this brief is to present a
21 different and much needed perspective on the non-
22 medical use of drugs. This brief is primarily
23 directed toward the administrators who are responsible
24 for the development and initiation of policies that
25 are directly and indirectly related to the issues
26 arising from the non-medical use of drugs. It
27 should be made clear that we are not concerned with
28 the initiators of drug misuse. It is the firm
29 conviction of the authors, after careful review
30 of the history of marijuana use in the United States

1 and Canada, that there is little or nothing to be
2 gained by reviewing in capsulated position that
3 advocate a strong stand either for or against the
4 legalization of marijuana. It is for this reason,
5 that we are proposing a conceptual model, that
6 will result in the development of a sound strategy
7 to deal effectively with the social consequences
8 arising from the non-medical use of drugs. This
9 strategy is not affected by particular policy or
10 emotionally committed to any particular belief
11 system, rather it is determined by the outcome of
12 planned systematic experimentation, which occurs
13 while particular policies are in effect.

14 Would you like to entertain
15 questions, or shall I go through the brief?

16 THE CHAIRMAN: I think it
17 might be better if you went through the brief
18 first.

19 MR. YEUDALL: Thank you.

20 THE CHAIRMAN: Develop
21 the idea as a whole.

22 MR. YEUDALL: Some relevant
23 issues: the present legal approach to the drug
24 problem states that the non-medical use of drugs
25 is a criminal offense, and by implication to moral
26 the historical origin of the current legal possession,
27 apart from religious and ideological considerations,
28 was based upon the belief that drug use leads to
29 various anti-social and criminal acts. Furthermore,
30 the non-medical use of drugs was considered immoral

1 in so far as it leads to abuse, psychological
2 dependency, the behavioural abnormality, psychosis,
3 all of which characterize disease. The prevailing
4 approach to deviancy is one in which a normal range
5 of functioning is determined by a statistical
6 influence from various samples. The net result is
7 that a mean is generated with the deviation score,
8 such that the deviation of a great magnitude from
9 the mean is characteristic of malfunctioning or
10 a diseased state of the individual. The important
11 question to be asked is, what constitutes the
12 sample or population from which this approach
13 derives conceptions of normality and deviation?
14 Thus, if a particular individual arrives at the
15 range of normal functioning he is then considered
16 to be in the diseased category. Proper treatment
17 is in order to rectify this deviation, such that
18 it falls within the prescribed normal range. It
19 is to be noted that the above approach gains its
20 respectability through the assumption that the
21 samples are representative of the total population.
22 Analysis of the contemporary approach to the drug
23 problem clearly demonstrates that the samples used
24 for the determination of the mean and range of
25 behaviour associated with drug use are based upon
26 individuals who attend clinics and hospitals. It
27 should be obvious that this is not a representative
28 sample from the total population of drug users.
29 The implication of this bias sampling can be seen
30 in the conception of the drug user is borne from

1 the confrontation of the therapist, doctors and
2 counsellors, whether those individuals who come to
3 them for reasons which may or may not be due to drug
4 usage, and not formed from the total drug user
5 population, who may never come for help or need
6 help. Thus the influence that drug usage is harmful
7 to all individuals is not valid. This approach is
8 continuing to have unfortunate implications in that
9 the legal system has relied on, in a large part,
10 on the clinical evidence which in turn is not
11 sufficient for generalization to the entire
12 population. The net result is that all individuals
13 who use drugs have been "reduced" by the law in
14 one category, and are accordingly punished. This
15 lack of sensitivity of the legal system to the
16 diversity of drug users has resulted in a dehumanizing
17 process of the individual. It has made them into
18 a criminal largely on the basis of unfounded,
19 scientific inferences as well as by a law which
20 no longer may reflect the moral values of our
21 culture. It is very apparent that we need a
22 conceptual motto, a way of thinking about the drug
23 problem which is not based on information obtained
24 solely from places of treatment and/or from
25 unwarranted and unexamined belief systems. Such
26 a model should be comprehensive in that it should
27 examine the biological, psychological and cultural
28 deterrence of the drug usage.

29 To date there is no
30 convincing information as to the range of the normal

1 reactions to such a drug as marijuana, As discussed
2 earlier, most of the information disseminated to
3 the public is based on data collected from clinical
4 settings where the causal determinants of the
5 behaviour disorders have not been scientifically
6 verified. It has been suggested by many researchers
7 that significant findings relevant to social problems
8 have been consciously or deliberately ignored by the
9 administrators, those in power, or those who are in
10 a position to act upon these findings.

11 This state of affairs is
12 unfortunate, but understandable, insofar as
13 ideological commitments are usually made to opposite
14 viewpoints or to available findings. A major
15 contributing cause to this dilemma, that is the
16 trapped administrator and the frustrated researcher,
17 is that the administrator's political predicament
18 requires a favourable outcome whether valid or not,
19 e.g., non-medical use of drugs is harmful to the
20 individual and/or the community.

21 A viable approach to social
22 reform: the conceptual framework proposed by the
23 present authors is identical to the social reform
24 programs outlined by the social psychologist, Donald
25 T. Campbell. Several researchers have demonstrated
26 that the most ameliorative programs end up with
27 no interpretable evaluation. The reason for this
28 failure has been due to the lack of systematic
29 experimental designs that lend themselves to
30 definitive interpretations of their findings.

1 In the past the lack of
2 reforms guided by experiments was part due to the
3 difficulties inherent in the social matrix being
4 studied, e.g., the transigencies of the research
5 setting and in the presence of recurrence active
6 pitfalls of interpretation. As Campbell points out,
7 these difficulties can be controlled either
8 statistically and/or experimentally such that valid
9 and useful information can be obtained when social
10 reforms are initiated as experiments. I repeat,
11 when social reforms are initiated as experiments.
12 in effect, he has provided an extremely viable
13 alternative to social reform by demonstrating that
14 the traditional logic of laboratory experimentation can
15 be extended into complex social settings such that
16 valid interpretations can be made of their findings.

17 This strategy has the
18 advantage over research projects that are designed
19 to determine specific policies for reforms, in that
20 they are designed to evaluate the ongoing policy
21 for reforms. The significant implication of the
22 strategy is why the administrator does not wait for
23 research to determine his decisions on relevant social
24 issues. Instead, his present decisions, however
25 derived at, are evaluated by simultaneously
26 initiated research, preferrably by the administrators
27 in conjunction with the social scientist's research
28 advisor.

29 It should be emphatically
30

1 pointed out, that this research strategy is most
2 successful when the research advisor understands the
3 political realities of the administrator's position.
4 The research advisor plays an active role in shaping
5 public demand for hard-headed evaluation of the
6 social reforms presently in progress by altering
7 political attitudes that prevent honest evaluation
8 by the administrator of the social reforms for
9 which he is directly responsible. And the administra-
10 tor plays a vital role in making available to the
11 researcher institutional records which traditionally
12 are ignored by one shot research projects, composing
13 outside staff and measures upon the organizations.

14 The contemporary situation
15 involving the administrator is such that the policy
16 or reform he advocates is committed in advance to
17 result in success, and on learning such a failure cannot
18 be tolerated. To free the trapped administrator
19 from this predicament it is suggested that he develop
20 alternate plans for social reform. He then initiates
21 the first plan which is simultaneously researched
22 to determine its validity and ethicacy. If this
23 plan results in failure the administrator can, in
24 good conscience, initiate the next viable alternative
25 without his position being threatened. This strategy,
26 if adopted, allows the administrator to focus on
27 the importance of the problem rather than the
28 importance of the answers as well as permitting an
29 experimental sequence of reform rather than one
30 certain cure-all solution to social problems which

1 traditionally are sought by one-shot large research
2 design.

3 Thank you.

4 THE CHAIRMAN: Thank you,
5 Mr. Yeudall.

6 MR. STEIN: Have you given
7 thought to a practical implementation of this
8 conceptual model in relation to the phenomenon
9 of non-medical drug use?

10 MR. YEUDALL: Well, yes
11 and no. There are right now practical aspects
12 which are being totally ignored, I think. For instance
13 studies could be initiated in terms of what are
14 the consequences of imprisonment, the lengths of
15 sentence. And what I mean by consequence is, what
16 effect does this have on the individual? Are the
17 individuals who are sent to jail, do they have
18 "deep rooted personality problems" as is so often
19 indicated? There is no clarification whatsoever of
20 these individuals who are in fact, sent to jail
21 for a belief system, which they hold that may be
22 concurrent with the majority of society. We don't
23 even know what the majority of society feels about
24 it.

25 MR. STEIN: Well, that was
26 part of my--

27 MR. YEUDALL: Well you
28 wanted a more systematic development, a model.
29 How would I implement such a model.

30 THE CHAIRMAN: I don't know

1 whether this is precisely the question that is
2 bothering my colleague, but the one that is bothering
3 me is, as I understand what we are talking about here
4 is introducing social change before one has what one
5 might wish in the way of actual basis for decision,
6 and then doing your research concurrently to
7 determining the validity of the change. In other
8 words you create a social laboratory by your
9 decision. I don't know whether you are making a
10 necessary assumption here, that this applies
11 particularly where the phenomena is such that it
12 might not be susceptible to adequate research except
13 in a very large social laboratory which has been
14 brought about by change, but what happens if--
15 are there not factors--well many questions arise
16 from the minds, some of which you touched upon.
17 For example, the very problem you identify, the
18 administrator whose fate depends on his choice.
19 Is there not a comparable problem involved once
20 you initiate change and you have a degree of commit-
21 ment and involvement in it? Is there not a
22 necessary momentum there towards validation if it?
23 Do you escape these problems, the validation of
24 the change? Is the integrity of your evaluative
25 process that one serious step that can be taken by
26 society to experiment before it has the basis? Is
27 it not probably subjected to pressure, comparable
28 to the pressures on the administrator or the
29 politician who stakes his career on--you have the
30 commitment, you have the involvement, this situation

1 has changed.

2 Well let us put aside for
3 the moment, turning the clock back, just all the
4 pressures that propel one towards validation.

5 MR. YEUDALL: I am not
6 entirely clear; that there are several issues here
7 that you are talking to. Do you mean, the procedure
8 of validation is subjected to the same pressure ---

9 THE CHAIRMAN: Yes. And
10 I am suggesting that it shouldn't be--it would not
11 be scientific. You have a great social involvement;
12 you do not have a detachment here; you have a great
13 social involvement; you have taken a step without
14 the factual basis.

15 MR. YEUDALL: Oh no, that
16 is not entirely true. You may not only have some
17 factual basis.

18 THE CHAIRMAN: I know.

19 MR. YEUDALL: The point is,
20 while, essentially what has happened, it has taken
21 Canada many years to get moving on the issues of
22 what to do about it, and part of your Commission is
23 to find out where we stand on this matter. Now the
24 whole point is, let's say you come to loggerheads;
25 if these skills are balanced, which way do you move?
26 Now the usual position is that somebody has to make
27 a decision, because the public is forcing etc.
28 Once a decision is made, then that is it. It goes
29 on and on and on, and then at some point, ten, twenty,
30 thirty years later, somebody says, "it is not fitting;

1 we had better start doing research?. Rather than
2 waiting for those events to arise any longer,
3 whatever decisions we make we initiate systems
4 of--

5 THE CHAIRMAN: Yes, I
6 understand that it is an important decision you
7 are making.

8 MR. YEUDALL: There is no
9 emotional commitment to that. Three years may go
10 by and you might say in offerance, "There is no
11 validity whatsoever for this policy unless you initiate
12 Plan "B" now", which we had in mind. "We did not
13 know which plans to initiate and then you initiate
14 Plan "B"."

15 THE CHAIRMAN: Right. I see
16 your position. We are clear now. I think there were
17 two points suggested here. One is the decision--the
18 conclusion that you must make a decision of some kind
19 based on what information there is available, balance
20 of cost benefit, balance of risks and so on. And the
21 point you are making is that having made the decisions
22 one must set up procedures for evaluation for utilizing
23 this decision for social reform for research purposes.
24 Yes.

25 The other emphasis I was
26 making, one might feel that you cannot do effective
27 research without taking that step.

28 MR. YEUDALL: Taking which
29 step?

30 THE CHAIRSMAN: There may be

1 cases where you cannot get the facts without intro-
2 ducing the reform.

3 MR. YEUDALL: Well that is
4 fine. You introduce the reform and you immediately
5 start researching. You see, there is so much
6 information that is available that is never tapped,
7 because it is not set up to be tapped. It is too
8 bad I didn't have a projector or something so I
9 could show some examples of how this has happened
10 in the United States in various cases. But why
11 it is important to initiate research, to get some
12 data banks is, we have to know what has been
13 happening so when we initiate a reform we then see
14 how it transforms the social matrix. We have data;
15 we can't go back and collect data.

16 THE CHAIRMAN: This is
17 the thing. What I want to make sure of is
18 that -- I would take it that you are not
19 suggesting that we should not be concerned about
20 research before making these important policy
21 decisions, that the only valid research would be
22 on research on the valid effect of the decision.

23 MR. YEUDALL: No. Although
24 historically, we can certainly find, flagerant
25 ignoring of any medical or scientific information
26 in 1937 narcotic legislation. I don't think
27 anybody -- I haven't heard anybody in any briefs that
28 have validated this since then. Now the point is
29 at that time, let's say if we had in fact, initiated
30 when that reform was made in 1937, initiated research

1 at that very time, we may have found within three
2 or four years that the grounds on which that reform
3 was announced, as it had been promoted, that
4 marijuana leads to anti-social acts. That was
5 the basis. Later on in '51 he transformed that
6 and said, "No I agree. All the experts have shown
7 to me without a doubt that it does not, but now
8 it leads to heroin use". And then you see now pretty
9 well the evidence is that this is a fallacy in the
10 sense that when you take in account the statistical
11 aspect with proportions. We would have millions of
12 heroin addicts running around the country. Of
13 course, this has not been validated. Now this does
14 not get away from the fact that there are problems
15 to be dealt with. But the thing is, the prospective
16 has entirely changed.

17 THE CHAIRMAN: I think the
18 thing that concerns me, that I am going back to is
19 suggested by the words "valid information is to be
20 attained when social reforms are initiated as
21 experiments". In other words that suggests that
22 social change is undertaken in the spirit of
23 experiment, not on the basis of any---

24 MR. YEUDALL: No, no.

25 THE CHAIRMAN: But that
26 they be used for experimental purposes.

27 MR. YEUDALL: Yes, such
28 that we do valid evaluation of our reform policy,
29 and after "X" number of years all the evidence
30 shows that we in fact have made a bad policy, then

1 the administrator stands up and says to the world,
2 "We have goofed and we have not initiated plan "B",
3 and everybody says, "Fire again". "Oh great, now
4 lets see what plan "B" looks like." It is the type
5 of thing we may do in our everyday life, the
6 reasonable ---

7 THE CHAIRMAN: This is a
8 brief for research. It is a brief to utilize --
9 to evaluate reform by setting up adequate research
10 procedures when it is introduced and monitoring
11 it. That is what it is, isn't it?

12 MR. YEUDALL: It is a
13 model for social -- to evaluate social reform.

14 THE CHAIRMAN: Yes, to
15 evaluate, but not for decision making. You see, that
16 is the point.

17 MR. YEUDALL: Yes, for
18 decision making.

19 THE CHAIRMAN: Okay, that
20 is the issue now.

21 MR. YEUDALL: Well, let's
22 say we legalize marijuana. Five years hence, we take
23 in all the information from clinical cities --

24 THE CHAIRMAN: That is for
25 future decision making.

26 MR. YEUDALL: And we find
27 that all the contemporary belief systems, may or
28 may not be validated, but it doesn't lead to brain
29 damage, that it doesn't lead to alienation etc., etc.,
30 etc., no more than the normal frequency of a

1 population that doesn't use marijuana. Then we
2 would conclude--one of the supports for your
3 policy is that it does not lead to the deleterious
4 effects that some people think it does, and here
5 is the data we have been collecting across the
6 nation, we have the data before and after the
7 social reform. If it, in effect, leads to the
8 opposite that we do have indications that things
9 are changing beyond the rate at which we would
10 normally predict change, and in all these aspects
11 of social behaviour, then we would then have a
12 valid base on that ground to make a decision for
13 changing the policy, and the administrator could no
14 longer be forced to have a personal investment
15 in his policy. Because he knows if his policy
16 doesn't work, all he has to do is say "It is time
17 for Plan "B" now", and initiate Plan "B", and at
18 the same time initiate continuing research.

19 MR. STEIN: In terms of
20 your conceptual model, however, it really doesn't
21 come across to me that you are making any proposal
22 as to what the governmental decision ought to be,
23 i.e., if one were to say a greater increase in
24 police law enforcement would be the governmental
25 decision, your proposal would be, "Well, if that is
26 the choice then we ought to have adequate, immediate
27 systematic research to check out what the effect
28 of that is and whether or not it has accomplished
29 what it is set out to accomplish. In other words,
30 there is nothing in your brief--correct me if I

1 am wrong, indicating what you take to be the
2 appropriate Plan "A" at this time. This is why
3 I had asked you if you had nothing---

4 MR. YEUDALL: No that is
5 not a---

6 If I may say something,
7 it seems to me that your very question assumes
8 that we have something to contribute. Not only
9 are we referring to ourselves, but everyone in
10 this country has something to contribute who has
11 not actually gone out and done sufficient research.
12 In other words, the answer to your question is,
13 that is impossible.

14 THE CHAIRMAN: Excuse me.
15 That comes right back to my point. I mean what
16 is to be the basis of decision now? What is the
17 nature of the decision to be made? Let's take the
18 decision with respect to marijuana; we are talking
19 about it, and using it as an illustration; what is
20 the nature of the decision to be made at this time?
21 Remember, we have no answer to this, but in terms
22 of your own analysis.

23 MR. YEUDALL: I think we
24 have an answer for that. Is it that in fact we
25 would initiate the type of research which will give
26 us the valid information and then it will then say
27 to the present policy that it is wrong, if that is
28 the case. And if it is wrong, we change it.

29

30

1 THE CHAIRMAN: So the
2 research would precede a decision to change?

3 MR. YEUDALL: It should
4 have been going on for the past two or three years.

5 THE CHAIRMAN: The research
6 and that particulars would precede the decision to
7 change?

8 MR. YEUDALL: Right. In this
9 case, it is not preceding where--we have a policy
10 now, is that not correct?

11 THE CHAIRMAN: Yes.

12 MR. YEUDALL: Okay, but
13 we are not researching it according to our model.
14 When that policy should have been put into effect,
15 we should have been researching it all this time,
16 but that has not been done. Instead we haven't
17 had in the United States and Canada large one-shot
18 programs going in, grabbing a sample, and expecting
19 to solve the problems. And this is just totally
20 inadequate.

21 MR. STEIN: What if research
22 from today onward related to the present social
23 policies, legal policies, medical, were to begin as
24 Plan "A", no change, just the kind of research you
25 are talking about; you have nothing further to add;
26 that is okay in terms of this presentation? In
27 other words, you don't want to speak to that issue
28 is what I gather.

29 MR. YEUDALL: We would like
30 to, but we think it is more important---

1 A MEMBER: How could you ---

2 - THE CHAIRMAN: They have
3 made a submission on this particular point.

4 MR. STEIN: Fair enough.

5 A MEMBER: I think you
6 should turn the point around and ask you how can
7 you make a decision on that basis. We are saying we
8 can't speak to the question of decision simply
9 because there is no basis.

10 THE CHAIRMAN: You are
11 saying-- no, we are not going to answer that
12 question. You are saying that a decision should
13 not be made without what you would characterize as
14 an adequate, factual basis?

15 A MEMBER: We are saying
16 decisions should in fact be made, but they should
17 be concomitantly researched.

18 MR. STEIN: But from your
19 position, and I have got to press this, from your
20 position to the continuation of the status quo
21 would be a very logical and consistent thing to do
22 in relation to your position, as long as it is
23 research beginning right now.

24 A MEMBER: I doubt if it
25 is logical, but I do think that decisions are being
26 continued to be made on whatever basis. We are
27 simply saying, "Let's not change our policy without
28 a basis."

29 THE CHAIRMAN: Right. But
30 it is a proposal. If I may characterize it, it is a

1 proposal for really what amounts to a mass research
2 evaluation of a country's social policy on an ongoing
3 basis. It involves a very, very big participation,
4 government in research, or some independent agencies
5 in research?

6 A MEMBER: We would like
7 to make clear one of the things---

8 THE CHAIRMAN: Empirical
9 research, very expensive.

10 A MEMBER: It is expensive
11 right now at the present time to be pouring
12 lots of money into one-shot large projects in
13 order to make one decision. And we are saying even
14 those projects are inadequate. So therefore, we are
15 suggesting that the kind of data that should be used
16 would be institutional data that would be presently
17 available. For instance, on drug users what is
18 available is accumulative records? From high schools
19 and universities, a work record is available. This
20 data is not even touched in research and yet this
21 data is available and could be incorporated in
22 research.

23 MR. YEUDALL: And it is
24 this very data, in fact, that gives us the base
25 line for making decisions of the social consequences
26 of the use of drugs, and one-shot projects ignore
27 the historical development of the individual and
28 the problem. They come in to administer tests
29 of certain types, and say, "Yes, it is harmful", and
30 now it isn't. Then they ignore the regressional

1 aspects of trends, the type of data collection.
2 There are a lot of pitfalls. We didn't feel we
3 should take the time to go into the extension of
4 this model. And I think that Campbell has written
5 a number of books on this model and he talks about
6 internal threats to validity and he deals with --
7 these have been dealt with in social reforms in
8 the United States.

9 THE CHAIRMAN: Would it
10 be an unreasonable characterization or summary of
11 your position, to put it this way: that of the
12 problems of decision that we confront at present
13 illustrate the importance of ongoing research and
14 the embarrassment when one is confronted if research
15 is not being carried out.

16 MR. YEUDALL: Yes. I mean
17 I have examples from my own life, which I don't
18 want to use, and I don't have to use it, because
19 every administrator probably knows that they make
20 policies, and because they have proposed them,
21 they in effect, whether intentionally or otherwise,
22 become committed to a favourable outcome. Because
23 you don't make policies that have lousy outcomes.
24 You make policies that are supposed to be for
25 the betterment. So then it becomes an emotional
26 commitment involved in the policy and also then
27 it may become a threat to the individual in terms
28 of his job structure. And this is the significant
29 aspect. This has historically, through the United
30 States and Canada, been one of the crucial and

1 relevant issues in reform, changes. And so when
2 reforms are made, we don't utilize the existing
3 knowledge and information. We do in many cases
4 I submit, in the drug issue, we haven't.

5 THE CHAIRMAN: How do we
6 institutionalize this? How do we organize this?
7 It is obviously something that cannot be left
8 to provoke initiative. This ongoing research of
9 our institutions and how they are operating, they
10 are operating in effect with empirical research, the
11 administration of justice in other areas. How
12 do we institutionalize it, organize it, its
13 relationship to government, how is it responsible?

14 MR. YEUDALL: Experimental
15 designs: there are adequate experimental designs
16 that have been used for years.

17 THE CHAIRMAN: I don't mean
18 the research organization methodology, I mean the
19 research apparatus.

20 MR. YEUDALL: How do you
21 do it?

22 THE CHAIRMAN: This is
23 a conception, it is a suggestion, but it needs a
24 whole organization, it needs a society commitment.

25 MR. YEUDALL: There is
26 no easy answer.

27 THE CHAIRMAN: How do you
28 do it?

29 MR. YEUDALL: It is like
30 the military industrial complex has done a good

1 job of organizing themselves maybe.

2 THE CHAIRMAN: The
3 government. I want to get from you, it is a
4 government responsibility you see?

5 MR. YEUDALL: Yes.

6 THE CHAIRMAN: That is
7 the main thing I wanted to get.

8 MR. YEUDALL: Yes,
9 definitely. And you should have a team that comes
10 in and works in co-operation with the administrator,
11 you know, who doesn't drive his present staff crazy,
12 who utilizes his record keeping system as it is.
13 Many studies have shown as new administrators
14 shall move in, the record policy system can change,
15 and with this change you can get all kinds of
16 different results. So these are implications we
17 haven't got into. You have to have standardization
18 at a government level. You develop a system of
19 record taking and then you utilize it. I mean
20 our government is full of records, I think, that
21 are not utilized adequately, and it is an undertaking.
22 It isn't simple. Society is getting to the point,
23 where if you don't start doing it ---

24 THE CHAIRMAN: That is
25 your point.

26 MR. YEUDALL: That we are
27 going to have a problem.

28 THE CHAIRMAN: That is your
29 point. And certainly this phenomena, and this
30 inquiry certainly emphasized the (course) of what

1 you had to say. I certainly probably shouldn't
2 express an opinion, to that extent but it is an
3 open secret.

4 A MEMBER: I think it is
5 important that in fact, and again, what we are
6 suggesting is an alternative research methodology
7 in turn for what others have practiced, and certainly
8 this attempts to apply existing data, and again,
9 you know, that we are really needing this point,
10 but that is there is so much data available or
11 can be readily taken with a few minor changes.
12 In schools for instance, in universities, institutions,
13 yes, incarceration, these places could all make
14 records with minimal cost.

15 THE CHAIRMAN: I should
16 say the Commission is attempting to carry out
17 research for instance, in the administration of
18 justice fields. We come right to the game and we
19 do our best in our short term of office, but we
20 are attempting that.

21 Well, are there any questions
22 or observations for these two gentlemen?

23 THE PUBLIC: I could give
24 you a practical approach. The suggestion has
25 already been made quite obviously the laws we have,
26 are not controlling the spread of the marijuana use.
27 What the Commission's recommendations will affect,
28 is not the usage, but the condition of usage. For
29 instance, the province may pay \$35 an ounce and
30 they can sell it at a fantastic profit and can still

1 sell it at about half what the black market can
2 pay. The law is not effective and the solution
3 is to change it. (portion inaudible)

4 THE PUBLIC: You shouldn't
5 make any policies without adequate research, but
6 I think that you shouldn't maintain any policies
7 without adequate research either. Some policies
8 have been made and they are being maintained just
9 with nothing to back them up. So I think with any
10 policy you should have a continuing policy of
11 research behind that policy to make sure that what
12 was good yesterday, is still good today.

13 THE CHAIRMAN: Well,
14 thank you very much, gentlemen.

15 MR. YEUDALL: Thank you.

16 THE CHAIRMAN: I call
17 on Reverend Checkland representing the Edmonton
18 and District Council of Churches.

19 REV. CHECKLAND: Mr.
20 Chairman, this submission is an attempt to set the
21 deliberations and findings of your Commission in a
22 perspective that has, perhaps, not been too frequent-
23 ly presented to you.

24 Those presenting it, can claim
25 no particular expertise that would qualify them to
26 be taken seriously by the Commission on any technical
27 matters involved in the non-medical use of drugs.
28 We have, indeed, pretty well abandoned any expectation
29 that technical expertise can do much to enlighten
30 us on this sore and vexing problem. Like Omar

1 Khayyam we have heard "great argument about it and
2 about: but evermore came out by that same door as
3 in I went."

4 Our intention is, rather,
5 to set the so-called "drug problem" in a perspective
6 that reveals it to be not so much a problem in itself
7 as a factor in a problem involving many more factors
8 than drugs alone.

9 We realize, for example, that
10 your terms of reference authorize you to make inquiry
11 into the social effects of drugs. In the perspectives
12 usually employed in our society that is taken to
13 mean the good or bad effects that the use of drugs
14 may have on the society. We suggest that, though
15 this is a perfectly valid and potentially useful
16 approach, it may nevertheless prove inadequate in
17 providing effective means of limiting such bad
18 effects as the use of drugs may have. It is our
19 opinion that the matter needs consideration also from
20 the point of view that drugs do not so much have an
21 effect on society as that they are an affect of the
22 society. Drugs and the use of drugs, we believe,
23 need to be understood as being a social effect as
24 well as having social effects, if there is to be any
25 effective grappling with the problem that has
26 brought your Commission into existence.

27 From this point of view,
28 we begin by suggesting that, at the outset,
29 certain extremist and simplistic "solutions" need
30 to be ruled out if there is to be any reasonable

1 consideration of the problem. We refer to the often
2 voiced cry for "legalization" on the one hand and
3 the also frequently raised demand for more rigorous
4 enforcement of the law as it now stands on the
5 other. We do not believe that, in the present
6 confused state of understanding of the matter, either
7 of these simplistic extremes will be very helpful.
8 Drugs and their use and abuse are in themselves
9 far too complicated a question for such simple
10 panaceas to be of any use.

11 Yet it appears to us that
12 strenuous attempts have been made to shape the
13 public discussion of the non-medical use of drugs
14 around these extremes as the poles of the problem,
15 pretty much to the exclusion of other considerations.
16 The evidence concerning the properties and effects
17 of the hallucinogenic drugs, for example, seems
18 very largely to have been presented in the light
19 of whether it tends to answer the question of
20 "legalization or law enforcement?" We suggest that
21 to enclose the discussion within such limits
22 could be disastrous to any reasonable understanding
23 of the matter and to any effective approach to it.

24 We should, however, at
25 this point be perfectly frank and state our view
26 that some system of controlling the use of drugs
27 is inevitable and desirable. To us there seems
28 to be two conclusive reasons for this. First,
29 it is necessary that those purchasing drugs be
30 assured that some system of control guarantees the

1 quality of what they purchase. Second, it is
2 necessary that in order that the skill and
3 experience of the medical profession may be effective
4 in controlling the bad effects of drugs on
5 particular persons some system of control, ensuring
6 that the physician knows what drugs have been taken
7 by the patient and in what quantity, be maintained.
8 For such controls laws are required to bring the use
9 of drugs within the administration of the medical
10 profession and to make their sale the responsibility
11 of the pharmacist. Laws are also needed to exclude
12 their sale and administration from any other
13 persons. To say, therefore, that such substances
14 as drugs can be left merely to the operations of the
15 open market is irresponsible and stupid. The
16 fundamental law of the market is still the ancient
17 Roman principle "caveat emptor - ^{the} let/buyer beware".
18 Our society is increasingly demanding that other
19 substances, not classified as drugs, but used in food
20 be brought under the control of law in order to
21 protect the public against their bad effects. It
22 makes no sense, whatever, therefore to say that
23 drugs should not be so limited.

24 Even if we should agree
25 that certain substances now thought of as drugs,
26 namely the hallucinogenics, be not classified as
27 drugs merely to legalize them would not dispose
28 of the problem of their bad effects. If they are
29 removed from all control of law it would then become
30 impossible for them to be used in foods with or

1 without the knowledge of the public. It is
2 doubtful that even the most ardent advocates of
3 legalization would want this. It is possible
4 they have not even realize that this would be a
5 certain consequence of the total legalization of
6 hallucinogenics. Some system of control of
7 hallucinogenics as of narcotics is, therefore,
8 necessary and inevitable. Of that there really
9 can be no question.

10 In recognizing this neces-
11 sity we have touched upon the understanding of
12 "social effects" in the sense alluded to earlier in
13 this submission; namely, the consideration of drugs,
14 hallucinogenic or otherwise, as an effect of the
15 society. The demand for the legalization of drugs
16 is, in effect, a demand that they be treated
17 simply and solely as a commodity to be exploited
18 according to the desire of the seller and at the
19 whim of the buyer. This demand is indeed, the
20 social effect of our society which treats
21 everything and everybody as a commodity; as
22 witness the explanation given not long ago by
23 those matrons in a Canadian city who, with the
24 connivance of their husbands, justified their
25 practise of the world's oldest profession as
26 "performing a service" and, therefore, as socially
27 acceptable. The commodity mind of the western
28 world is, we believe, a very strong factor in the
29 increasing use of and dependence upon drugs both
30 among the elders and the young. It should not be

1 forgotten that the use of drugs by the younger
2 generation is but an inevitable consequence of
3 their prior use by their elders. After all, it
4 was the decade of the thirties that was referred
5 to as "the aspirin age". The contemporary young
6 have merely decided that they want something
7 a little different and more potent than aspirin.
8 About the only difference we can observe between
9 the two generations in the matter of drugs is that
10 the elders require tranquillizers and sedatives
11 whereas the young demand hallucinogenics and harder
12 drugs.

The fundamental question becomes, then, the simple inquiry as to why in the twentieth century, the century of progress and prosperity, people in the Western World that world most avidly devoted to the doctrines of prosperity and progress, have come increasingly to rely on drugs as their stay and support in life? To use a medical analogy, we have to understand drugs, their use and abuse, as a symptom of the problem rather than the problem itself. It is true, of course, that symptoms must be treated. The haemorrhaging symptomatic of an ulcer will kill the patient before the ulcer does, if not treated, but if the physician makes no further diagnosis and gives no further treatment he becomes derelict in his responsibility to the patient. So also are we derelict if we do not push the question of drugs, their use and abuse, to the raising of

1 more fundamental questions.

2 When we view the use and
3 abuse of drugs as symptomatic we have immediately to
4 ask ourselves "of what?". The answer to that
5 can only lie in understanding the nature and depths
6 of the dissatisfactions that people experience in
7 the life of our society. These are many and varied
8 but it should be possible to trace them to basic
9 sources. It is not our intention in this paper
10 exhaustively to attempt that. We lack the
11 facilities and quite possibly also the competence
12 to do that but at least we can see that it needs
13 to be done and can urge that it should be done. We
14 would, therefore, respectfully suggest to the
15 Commission that in its report it make clear that
16 the use and abuse of drugs is symptomatic and more
17 a result than a cause of bad social effects. The
18 pursuit of this inquiry may, perhaps, not come
19 within the terms of reference of your Commission
20 but it is, we urge, within the competence and the
21 responsibility of the Commission to suggest such
22 a searching inquiry be made.

23 We make bold, however,
24 to take the matter somewhat further than we
25 have yet done. We point out that the problem
26 of drugs as a social matter is, in the Western
27 world, largely associated with the rise of the
28 industrial order. Drugs in the temperate zone
29 are not in their natural state, as properties of
30 various herbs, usually sufficiently potent to be more

1 than medicinal in their effect. That is why the
2 Encyclopedia Britannica (1959) edition comments:
3 "The practice of indulging in addiction-producing
4 drugs flourishes particularly in areas where
5 disease, ignorance and poverty are rampant.
6 Improved social conditions, higher standards of living
7 and greater educational advantages, substantially
8 reduced drug addiction in some parts of the world."

9 The question for us in the
10 western world is, then, the very simple query:
11 "Why has the use and abuse of drugs increased
12 rather than declined in precisely that area of the
13 world which has been most successful in combatting
14 disease, ignorance and poverty"? Obviously, this
15 must be the question we have to ask otherwise there
16 would be no reason for the existence of your
17 Commission.

18 To suggest a possible line
19 of approach to that question it is necessary to note
20 that one fundamental propensity of western society
21 is to reduce everything to considerations of
22 commercial gain. It was, for example, this
23 propensity that led European powers, particularly
24 Great Britain, to resort to war to force the opium
25 traffic upon China. We need to remember the staunch
26 and adamant refusal of the Chinese Government then
27 to legalize the opium trade even after defeat in
28 war and to recall the noble words of the Emperor
29 of China, "I will never consent to raise my revenue
30 out of the ruin and vices of my people". The fact is

1 we have been raising both legally and illegally
2 quite a lot of revenue precisely out of such ruin
3 and vices. It is this that gives point to the ques-
4 tions of the young concerning the use of beverage
5 alcohol in our society particularly among the
6 elders.

7 If, therefore, we draw
8 upon one of the founding traditions of the
9 western world, but of late largely ignored within
10 it, namely the Biblical tradition, we may receive
11 the insight and courage to describe this situation
12 in the words of many of the young, "Like it is".
13 What we have alluded to as the fundamental source
14 of our difficulty is described in the Biblical
15 tradition as "The wickedness of man" as, for
16 example, in the story of the (deluge.) Can we
17 really believe, when we observe the most obvious
18 symptoms of life in the western world - of which
19 drugs and pollution are but two, and relate them
20 to such a fundamental source as commercial gain,
21 that we are likely to get or invent any more apt
22 and accurate description? For the point we have to
23 see is that in the perspective of commercial
24 gain people do not matter. They are reduced merely
25 to prospects for sales and this perspective is the
26 fundamental dynamic of the drug traffic both directly
27 and indirectly. Directly it provides the stimulus
28 to sell drugs and to participate in the enormous
29 profits to be gained from that traffic. Indirectly,
30 the perspective of commercial gain which exploits

1 people by reducing them to the level of consumers and
2 so rejecting them as persons creates the sense of
3 meaninglessness and hopelessness in life that
4 causes increasing numbers to turn to drugs for
5 alleviation from their spiritual and psychic misery.

6 Under the incessant pres-
7 sure of the spirit of commercial gain to make
8 us consumers and nothing else, we have been
9 exploited by and limited to the ethic of the
10 market place as expression, "Caveat emptor -
11 let the buyer beware", and that is not a human ethic.
12 Our problem is simply the problem of providing an
13 ethic that can and will bring under control the
14 social effects created by the exploitive tendencies
15 of our society. This is not the time nor the place
16 to enter into that hard discussion but it is the
17 time and place where at least we can begin to
18 realize the absolute necessity of raising the
19 question. Unless it is raised and faced we believe
20 we can see very clearly what alternative is open to
21 our society and what it will become, as expressed
22 in this description of Mediterranean Society in the
23 first century A.D.: "Hence all their thinking has
24 ended in futility, and their misguided minds are
25 plunged in darkness. They boast of their wisdom
26 but they have made fools of themselves. In
27 consequence their women have exchanged natural inter-
28 course for unnatural, and their men in turn, giving
29 up natural relations with women, burn with lust
30 for one another; males behave indecently with males,

1 and are paid in their own persons the fitting wage
2 of such perversion.

3 Thus they are given up
4 to their own depraved reason. This leads them
5 to break all rules of conduct. They are filled
6 with every kind of injustice, mischief, treachery,
7 and malevolence; whisperers and scandal-mongers,
8 insolent, arrogant, and boastful; they invent new
9 kinds of mischief, they show no loyalty to parents,
10 no conscience, no fidelity to their plighted word;
11 they are without natural affection and without
12 pity. They know well enough that those who
13 behave like this deserve to die, and yet they do it;
14 not only so, they actually applaud such practices."

15 THE CHAIRMAN: Reverend
16 Checkland, what do you think is the role of the
17 churches in relation to the phenomena of non-
18 medical drug use? What are the responsibilities?

19 REV. CHECKLAND: You
20 mean in relation to this particular ---

21 THE CHAIRMAN: The subject
22 matter of this inquiry. What is the responsibility
23 of the church? What roles do the church, if any,
24 have to play? Have they a policy; have they a
25 view on it?

26 REV. CHECKLAND: If you,
27 sir, could tell me how I am to understand the
28 church first at this point, I would be grateful.
29 I mean I am not trying to duck your question, I
30 am merely trying to point out the difficulty of

1 trying to answer that particular question. There
2 is no agreement among Christian people as to what
3 forms the church, therefore, we have to look for
4 something else among Christians that might possibly
5 form a basis of consensus of action for them.
6 That is why I introduced into here the questions
7 of Biblical tradition. Because it is one of the
8 founding traditionsof our western society, but
9 it is the one that is probably at the moment most
10 neglected. Very often within the church as
11 without it. But I really cannot offer you any
12 hope that I could answer, or anyone else that
13 I know could answer the question as you put it.
14 This does not mean that what the church stands
15 for, or should stand for may not have something
16 quite specific and direct, to this inquiry. But
17 I would suggest as I tried to point out in here,
18 it needs reversing the perspective somewhat. It
19 means not seeing drugs simply as a problem in
20 themselves by themselves, it means seeing them
21 as the manifestation of something far deep .

22 THE CHAIRMAN: This
23 brief is submitted, I understand, on behalf of the
24 Edmonton District Council of Churches.

25 REV. CHECKLAND: That is
26 right.

27 THE CHAIRMAN: So it is
28 an official submission of that body.

29 REV. CHECKLAND: Well,
30 yes, but that does not mean that everyone in that

1 body agrees with every statement in here, but
2 the perspective, I think, is what they would commit
3 themselves to.

4 THE CHAIRMAN: Well, but
5 just as a matter of understanding, Reverend
6 Checkland, as I understand, you are Chairman of
7 the Social Action ---

8 REV. CHECKLAND: I am
9 Chairman of the Social Action for the Council.

10 THE CHAIRMAN: For the
11 Council. So this is submitted in your executive
12 capacity as Chairman.

13 REV. CHECKLAND: That is
14 right.

15 THE CHAIRMAN: Has this
16 brief been submitted for consideration of the
17 Council?

18 REV. CHECKLAND: Only
19 to certain members of the executive because we
20 had no time to call a full session of the Council
21 officially to pass upon it. We were not aware
22 of your coming to Edmonton until the first
23 advertisement appeared in the paper. We knew that
24 you were coming but precisely when we were not
25 aware of.

26 THE CHAIRMAN: Well,
27 turning then to the central point that is
28 symptomatic of underlying conditions, and I think
29 it is certainly within our terms of reference to
30 consider these conditions. We are asked

1 to relate to the social factors and so on. What is
2 the perspective or what is the role of the churches
3 in relation to these underlying conditions? I mean
4 you have made an observation now. What is the
5 role of the churches in our national life in
6 relation to these conditions of which non-medical drug
7 use is symptomatic?

8 REV. CHECKLAND: Very
9 simply to bring them under judgment. I don't know
10 whether that kind of language conveys much to you,
11 but it is the only language I know. It is to
12 act as the critic and not in its own name and rank,
13 but to bring the whole of national life. And I
14 am not suggesting that the church is doing this as
15 effectively as it should. I am suggesting however,
16 that this is the role that whenever the church needs
17 to bring social issues under the judgment of the
18 Biblical tradition, under the review of that tradition.
19 That tradition briefly is the simple conviction that
20 persons are paramount and whatever denies persons
21 in any way whatever is in Biblical language what we
22 call wickedness, sin, evil.

23 THE PUBLIC: Like prison?

24 REV. CHECKLAND: Yes.

25 THE PUBLIC: Well, go ahead
26 anyway.

27 REV. CHECKLAND: Well,
28 prison is evil, it may be. I am not going to say
29 that it is, but it may be a necessary evil
30 in the kind of world that we have got.

1 THE PUBLIC: You are already
2 in power, and we are not.

3 REV. CHECKLAND: I am not
4 aware that I am in power at the moment. My
5 parishioners would be quite surprised to hear the
6 suggestion that I have any power whatever, because
7 in point of fact, I don't.

8 THE PUBLIC: Most of the
9 young people here, are interested in drugs mostly
10 from the aspect of cannabis, marijuana, and
11 hashish ,and I am sure that it is very widespread
12 knowledge that with people my age, in the university
13 in this city, in this country, would like to
14 see cannabis legalized, and if for no other reason
15 than if we go the opposite way, leave it illegal
16 as it is now, then we are going to need such
17 a heavy police program, and such a police state,
18 that the jails will be so full, more than they are
19 now and if I could ask the Reverend what is
20 your official view, speaking for the churches,
21 on the issue of marijuana? Should it be legalized
22 or not?

23 REV. CHECKLAND: Well,
24 I can't speak for the churches. If you would like
25 to get my personal view, one, legalization is a
26 fairly wide term. If you mean the open sale of
27 marijuana on the open market, I have already said
28 no. If you mean a readjustment or realignment
29 of the controls that are now in existence by law
30 upon marijuana, my mind is perfectly open to that. I

1 would have to take advice from a lot of other
2 people, however, which way these adjustments
3 should properly be made. But in making this
4 submission I am not really very much concerned
5 about, a particular examples, such as marijuana,
6 I am concerned with a very much more fundamental
7 problem. You see, what I am saying essentially,
8 in this submission, is that we are dominated by
9 certain kind of mind. I indicated rather
10 facetiously at the beginning that it was a
11 technical mind, and this is of course much
12 of our difficulty. It is a very limited mind,
13 a mind that requires expansion. I doubt that
14 marijuana is the way to do it, but we will leave
15 that question pass for the moment.

16 So the question for me
17 is not a very valid one.

18 THE PUBLIC: I think
19 marijuana is a fundamental issue because it is
20 a fundamental issue for myself (and to another age.)
21 We are trying make it in this world as professional
22 people with criminal records. Now this is just,
23 you know, it is pretty bloody important. There
24 are a lot of people smoking it in this country,
25 and it is fundamental and we are going to have to
26 do something about the law. Now could you give
27 me your viewpoint?

28 REV. CHECKLAND: If you
29 are saying to me the situation has got to the
30 point where if you don't get your way you are going

1 to create public disorder in order to get your
2 way. There is only one answer I can give to that:
3 on the basis of the Biblical tradition, no.

4 THE PUBLIC: Can you
5 just simply drop out like at the end of Gone
6 With the Wind, they say, "Thank you my dear, I
7 don't give a damn" and I will go and rot some place
8 and smoke dope for the rest of my life before
9 I am locked into jail in Canada.

10 REV. CHECKLAND: That might
11 be one option you could choose, I don't know. By
12 the way some of the comments that have come to me,
13 that have filtered to me through your question,
14 and others who have commented on your question,
15 it sounded very much as though you were saying, "We
16 either get out way or we raise hell."

17 THE PUBLIC: People in
18 prison, when alcohol and tobacco are legal, for
19 smoking a harmless flower are not going to think
20 very kindly of you, and that prison is a very
21 educational experience and they are going to
22 apply that education to this society if we don't
23 quit educating them.

24 REV. CHECKLAND: This
25 is not my concern at the moment because what I
26 have said in here, if you listened to what I
27 said, you will find that I did not draw the point
28 of distinction between alcohol and marijuana,
29 and other drugs that you have drawn. I put them all
30 in the same bag because they are all symptoms

1 of what I see to be the same problem.

2 THE PUBLIC: Wine you are
3 drinking is a drug, and heroin is a drug so
4 they are not all in the same bag. We have to
5 realize it is a harmless flower man, not something
6 you send a man to prison for.

7 REV. CHECKLAND: They are
8 all in the same bag in the sense they have the
9 principal stay and support for many people.

10 THE PUBLIC: They are a
11 form of survival.

12 THE CHAIRMAN: There is
13 a gentleman at the microphone.

14 THE PUBLIC: Sir, I would
15 like to get into on topic you should be an expert
16 on, that you really haven't come into and that is
17 the question of morality on the individual level.
18 And the fact that the present drug laws in Canada
19 make hypocrites out of both you, and I. Myself,
20 because I go around telling the world, saying,
21 "Drugs are where it is at, baby," and really, you
22 know, it is not for everyone. Yet you have not
23 made one mention about the hypocrisy about you
24 people saying that we, the elders, against you,
25 the youth ---

26 REV. CHECKLAND: Did I
27 say that?

28 THE PUBLIC: In your thing
29 you were talking about elders and youths.

30 REV. CHECKLAND: I put

1 them both in the same bag I thought.

2 THE PUBLIC: I didn't.

3 REV. CHECKLAND: I will
4 read the section again.

5 THE PUBLIC: I really
6 don't want to hear it, I thought it was a drag.

7 REV. CHECKLAND: What
8 are we talking about?

9 THE PUBLIC: The thing I am
10 most concerned about is the young people who
11 go out and smoke dope, many of my friends, I am
12 in the older-younger generation of the hippies.
13 Most of my friends have been to jail for pushing
14 or, you know, for smoking dope, yet every one of
15 these people have not had the intestinal courage
16 to admit when they are standing in front of the,
17 you know, sovereign Courts of our land, that,
18 "Yes, your Honour, I have broken the laws." These
19 people have fooled themselves and said, "No, I
20 have not committed a crime." Yet on our statutes
21 we have committed crimes, I included. And I am
22 very much afraid to say that if I were in
23 front of a Judge, and the Judge was saying, "Are
24 you guilty?" If I could weasle out of it, I would
25 say yes. But my manhood is destroyed at that point
26 of lying, yet you people have the audacity to sit
27 there and to tell me that the morality squad, who
28 goes around at twelve o'clock at night, busting
29 in the door, like the gestapo, that they are right,
30 that they are the morality squad. Yet you people

1 stand up in your pulpits and you talk about your
2 commercial successes. The church is one hell of
3 an organization to talk about commercial success.

4 With the drug market at
5 my level it is not. I don't know any pusher who
6 has made a big bundle. It is small groups of
7 people. On day, some kid might have 500, and so
8 he goes out and buys two if he is lucky, 3 ki's.
9 He passes them out to the groups; then he has money,
10 but he doesn't have any drugs. Two weeks later
11 somebody else has got the stuff, and he buys it and
12 in this town there may be a million dollars worth
13 of weed acid, mescaline that has been pushed in
14 Zorba's alone, and I think that is, you know, for
15 real. I doubt very much whether anybody has made
16 \$15,000.00 profit, and \$15,000.00 profit on
17 that volume is really not a commercial success.

18 REV. CHECKLAND: I am
19 not sure what you are asking me, I am sorry, you
20 have covered a lot of country. What are you
21 asking?

22 THE PUBLIC: Maybe I
23 have, but I thought you did a very poor job about
24 covering your great broad spectrum and yet you, sir,
25 are a minister, and your main authority ---

26 REV. CHECKLAND: What is
27 it you want of me?

28 THE PUBLIC: You have
29 covered the whole (inaudible) man, yet you have
30 not talked about morality on an individual

1 level. Here you are talking about this great
2 society thing, and you haven't mentioned one thing
3 about the fact, that I lie, and you lie, when it
4 comes to drugs, and that is a fundamental thing
5 in Christianity. That is all.

6 REV. CHECKLAND: The
7 Commission does not concern itself with private
8 morality.

9 THE PUBLIC: By God it had
10 better concern itself with private morality.

11 THE CHAIRMAN: Please,
12 we have to let each other speak.

13 REV. CHECKLAND: The
14 work of the Commission is not a matter of private
15 morality. You don't have a public Commission
16 into questions of private morality. Now that is
17 why ---

18 THE PUBLIC: How do you
19 get public morality if you don't have private
20 morality. No man, if he has no morality, can
21 fit into a society that has morality. Society's
22 morality is made up of individuals like you and
23 I, and if we don't have it then we are living in
24 a very, very backward, primitive and ignorant
25 country.

26 Thank you.

27 REV. CHECKLAND: Of
28 course there is such a thing as private morality,
29 and of course, no one, myself included and you,
30 as you have said, lives up to it. That is the

1 whole of the Biblical tradition. That is why I
2 refer you to the wickedness of man. But the
3 wickedness of man is not only a private matter, it
4 is also a social matter. And that is why I attempted
5 to answer the Chairman's question, when he asked me
6 what the church had to say by pointing out that
7 the office of the church is to bring the social
8 problem and its own life, and my private life and
9 yours under judgment. And it is the only institution
10 that we have in this society which does. They may
11 do it very imperfectly and without much intelligence
12 at times, but it tries. It is the only one that
13 does.

14 THE PUBLIC: (Portion
15 inaudible) The issue here, is, does the government
16 have right to legislate morality to its people.
17 You see, that is one thing, that the State does
18 not have the right to do. You cannot legislate
19 morality to people in a democracy. You can do
20 it in a facist police state, but you can't do
21 it in a democracy. Democracy recognizes the
22 fundamental right in man to make his own mistakes
23 as long as they harm no one else.

24 REV. CHECKLAND: Well you
25 name me any mistake that doesn't harm someone
26 else.

27 THE PUBLIC: Okay, well I
28 can say like your drinking coffee harms me, and I
29 could get all uptight and put you into jail, and
30 that is pretty far fetched ---

1 REV. CHECKLAND: Well yes,
2 this is a rather glib, and I am afraid I am going to
3 have to say, superficial approach to this.

4 THE CHAIRMAN: Don't
5 interrupt because we have to have exchange.

6 REV. CHECKLAND: The point
7 I am trying to get at, I am not sure what your
8 point is except that I feel that you feel that you
9 got a very raw deal and somebody is going to have
10 to change things, and I would agree. I would agree.
11 But in terms of morality the confession of sin in the
12 Christian perspective is not a cop-out. It is a
13 recognition of a reality about one's self. And it
14 is a recognition that all men are caught in this
15 reality, and if what you are asking me for is a
16 solution, and if this is what you want, I have to
17 tell you, I have no solution, and I will go further
18 and say there is no solution.

19 THE PUBLIC: I am not
20 asking you for a solution. I am saying I am not
21 a Christian, you see, and I wish you Christians
22 would bugger off our case. That is what I am
23 saying.

24 REV. CHECKLAND: But it
25 is not just your case.

26 THE PUBLIC: It is all
27 Christian stuff about the wickedness of man. We
28 are not interested in that scene.. I don't want
29 your Christian influence laid down on my head.
30 I don't want your Christian morality squad

1 spying on me.

2 REV. CHECKLAND: Well we
3 don't have any Christian morality squad.

4 --- (Applause)

5 And my other observation
6 was that I was not just addressing myself to your
7 particular hang ups which is what you were
8 addressing to me.

9 THE PUBLIC: Sir, you and
10 your church have failed.

11 REV. CHECKLAND: Granted.
12 I have no argument with this point.

13 THE PUBLIC: May I go
14 through a brief history on, say, the counter-culture--
15 it started out in about 1965, you had a Professor
16 Timothy Leary who dropped out and made a little
17 statement, "Turn on, tune in, drop out", and
18 somebody listened to him and they did it, and wow,
19 like things started happening for them, and they
20 started thinking. There was a group that sang a
21 Bob Dylan song, they were the Byrds, it was
22 Mr. Tambourine Man, and people got the feeling.
23 There was a commercial group, Peter Paul and Mary
24 singing Blown in the Wind, which was about peace.
25 And kids listened to that and they realized what a
26 hypocrisy the country that we live in was. We had
27 a country supporting a war in Viet Nam -- we had
28 just gone through a war in Korea, and spent just
29 six years of peace since World War II, and they
30 couldn't understand it, and when they asked "We want

1 peace", the government said, "Yes, what do you think
2 we are fighting for?" We had a poet, Alan Ginsberg
3 he may be queer, but he said a lot. People didn't
4 put him down for his being queer. You did, the
5 people didn't.

6 REV. CHECKLAND: Are you
7 addressing me personally, or in what way?

8 THE PUBLIC: I am address-
9 ing you.

10 REV. CHECKLAND: Because
11 I am not familiar with Mr. Ginsberg's work. I
12 hear it referred to in my own home but I am not
13 familiar with it, so I don't know what you mean
14 really. I didn't criticize you.

15 THE PUBLIC: Well Ginsberg
16 is one of the spokesmen for the counter-culture I
17 guess you could call us. We are involved -- we
18 saw wrongs in our society, we went out to change
19 them, we did a peace march, we get maybe 30,000
20 kids together in a square and what would happen is
21 we get our heads beat in and we wondered why. And
22 it is about time we stopped wondering why. It
23 is about time we seized the time, because it has
24 been five years since Tambourine Man was sung by
25 the Byrds, and they were talking about weed, and
26 think how many kids have been in jail since they sang
27 that song. I think we should seize the time.
28 It is an end to stop playing games with us. You
29 owe us an apology, and I think the kids should
30 be set free for the crimes of the State.

1 REV. CHECKLAND: And you
2 really you owe no one anything?

3 THE PUBLIC: It is irrelevant.

4 REV. CHECKLAND: Why is it
5 irrelevant?

6 THE PUBLIC: How would I
7 owe anybody anything? I haven't even had a legal
8 say in the matter. It wasn't until just a couple
9 of months ago ---

10 REV. CHECKLAND: Let me
11 ask you a simple question in answer to that. How
12 did you get to the age you are at? All by yourself
13 without any help whatever?

14 THE PUBLIC: No my mom
15 and dad screwed ---

16 THE PUBLIC: It might have
17 been inadequate. There might have been all
18 sorts of things wrong with it, but you got there.

19 THE PUBLIC: Yes, but
20 animals could have done that, like if I had been
21 an animal I would have probably got to the age I
22 am right now.

23 REV. CHECKLAND: No, no
24 you wouldn't have. That is the difference between
25 the human being and the animal, that the human
26 being can't get to your age without a lot of help,
27 and the animal can. That is one fundamental
28 difference between us.

29 THE PUBLIC: We didn't
30 ask to be born.

1 REV. CHECKLAND: None of
2 asked to be born. But I am not quite sure I
3 really understand what you are getting at here.
4 What are you asking of me?

5 THE PUBLIC: It is very
6 simple ---

7 THE CHAIRMAN: I think we
8 will have to call on the next submission, we are
9 running behind, and thank you Reverend Checkland.

10 REV. CHECKLAND: Thank you.

11 THE CHAIRMAN: I call now,
12 on Dr. Arnold Anderson.

13 DR. ANDERSON: Mr. Chairman
14 and members of the Commission, I am a medical
15 doctor, retired, Associate Professor at the
16 University of Alberta, surgery. And I have
17 interested myself in this subject, even though
18 retired, because of primarily, because of what I
19 felt was the false information or misleading
20 information that was going out to young people,
21 giving them false impressions, and false ideas about
22 these drugs. So that is how I got started on this.
23 And I am with the Department of Youth and I am on
24 their speaker's bureau, and I have talked to about
25 200 gatherings throughout the province in the last
26 year or two. So that is a bit of my background on
27 the subject. I have only about six points here,
28 and I have put this together quickly, just since I
29 have seen your ad in the paper, so I will read
30 these six points, but I would like to come back

1 to some of them if there is time to do so in more
2 detail.

3 The claim is often made --
4 this heading -- I have six headings and the heading
5 is "The Low Incidence of Adverse Effects," especially
6 in regard to marijuana. The claim is often made
7 that the percentage of cannabis users who suffer
8 deleterious effects is so small, that depriving
9 society of the benefits of the drug is not justified.
10 I have heard that point made several times both here
11 and at the university. Is not such a position
12 ethically questionable whether the percentage be
13 10% or 2% or even less, I would say, especially so
14 when cannabis has no know medical use. And more
15 especially so it, Dr. Young, and I am sorry Dr.
16 Lehmann is not here this afternoon being a psychia-
17 trist, recently elected president of the Canadian
18 Psychiatric Association states, "That even the
19 desired high or good trip, under the drug, is a
20 self induced mini-psychosis.". I think this has been
21 one of the most useful things that has come into the
22 medical literature in this last year.

23 "... a psychosis, the
24 characteristics of which are similar in all respects,
25 but not necessarily to the same degree of course,
26 as the characteristics that determine the diagnosis
27 of a mental disease of a certain type. That is,
28 even a high or good trip, desired by the user,
29 is a mentally unhealthy experience, let alone the
30 bad trip or panic reaction ---

1 THE CHAIRMAN: Excuse me.

2 I think it works best if we follow the format of
3 taking the opportunity at the end of the submission
4 to make our observations. I don't think it is wise
5 to interrupt. It doesn't really further our purpose,
6 that has been our observation. I think we should
7 observe the general respect that has been shown here
8 in our hearings. I think in the end it is the best
9 procedure for getting a good exchange of ideas.

10 DR. ANDERSON: Thank you.

11 "That is, even the high, or good trip desired by the
12 user is a mentally unhealthy experience, let alone
13 the bad trip or panic reaction not uncommonly seen
14 about which there can be no doubt whatsoever as to the
15 harmful effect on the health of the mind, especially
16 when delayed reactions are echo phenomena occur."

17 Now the next heading I have
18 is number two, "Comparison of the Hallucinogens with
19 the Depressants and Stimulants." Very broadly speak-
20 ing and simply stated, "The depressant drugs, opiates,
21 barbiturates and tranquillizers, have a quieting
22 effect on the mind and have great medical use. The
23 stimulants, amphetamines, on the otherhand, stimu-
24 late the mind and have a limited usefulness in
25 medicine (for example, in the treatment of narcolepsy.
26 That the hallucinogens, including cannabis, distort
27 the mind and are commonly known as mind altering
28 drugs capable of causing illusions, hallucinations,
29 delusions, impaired judgment and memory, distory,
30 on the sense perception of time and space, and also

causing psychic dependence and in some cases psychosis.

Number 3, "The Unpredictability of Cannabis Effects: This is one of the findings that practically all observers agree upon: the personality of the user -- I am sure everybody here would agree about that -- the mood at the time, the environment, the age, the dosage, all play a part. Not only that, but the instability of the active ingredients of the drug itself and the variations in potency as determined by climate weather, time of harvest and so on. In the experimental as well, especially in dogs, this marked unpredictability has resulted in many investigators giving up in frustration. Is it wise to legalize a drug in which as yet standardization is next to impossible.

Number 4: Possibly we face a public health problem as great as alcoholism, I mean if we legalize marijuana. Some agree that we should treat the marijuana problem in the same way as we have alcohol. The difficulty however, is that we have never really managed the alcohol situation. The abusive use of alcohol has created a major problem in more than one of our western countries. The right of government to regulate drugs in the public interest can hardly be questioned. But to legalize marijuana would not necessarily lessen the demand for it, or for hashish. Eighty percent of the cannabis now used in Britain is in the form of hashish. Legalization would tend to put the stamp of public approval upon this

1 numbers of unstable people -- and we are all
2 unstable -- I really want to say that we are all
3 unstable at least to some degree in our teens --
4 at least I was and I know my wife was; and then there
5 are many of us, of course -- we are unstable to a
6 degree, even after we grow up. But what I am saying
7 here, is that there are a great number and we
8 doctors know this very well, that there are a
9 great number of unstable people who would tend to
10 use this drug, who feel they have the need for this.
11 Many would develop a psychic dependency that could
12 predictably result in a mental health problem,
13 great if not greater than that caused by millions
14 of alcoholics in our western society.

15 Eastern and mid-eastern
16 competent observers claim that there are simply
17 millions of their people psychically dependent upon
18 cannabis, and that this accounts in part for the
19 backwardness of their people during recent centuries.
20 In mulling over the pros and cons of legalizing
21 marijuana, it is probably worthwhile recalling that
22 in the 1840's we, the British, aided and abetted by
23 other countries in nine years of the opium wars
24 or China, in essence forced upon her the legalization
25 of opium with the creation of thousands of opium
26 addicts, one of the darkest spots in our British
27 History.

28 Number 5: The position
29 of the World Health Organization in regard to can-
30 nabis. It is interesting -- just an aside here,--

1 it is an interesting thing just how seldom in my
2 search of the medical literature, and of all litera-
3 ture referring to drugs, it is very interesting how
4 seldom any reference has been made to the World Health
5 Organization, so I would like to make it here.

6 Through the World Health
7 Organization the public health and medical profes-
8 sions of 120 countries exchange their knowledge
9 and experience and collaborate in an effort to
10 achieve the highest possible level of health through-
11 out the world. Expert committees advise and serve
12 with remuneration and selection of members is based
13 on their ability and experience and the personnel
14 is changed from time to time, that is, the personnel
15 of the committee. The expert committee on drug
16 dependence has periodically since the signing of
17 the 1961 Single to Convention of the United Nations
18 which outlawed cannabis signed by more than sixty
19 nations, practically all of the leading nations
20 of the world.

21 The committee on drug
22 dependence in its late report in 1969, states that
23 it is aware in some countries such as we here that
24 there are considerable differences of opinion about
25 questions of dependence, liability, the acute and
26 chronic effects on the individual users and on the
27 community and the type and nature of the controls
28 to be applied. They are aware of this however.

29 However, it states: "This
30 committee strongly reaffirms the opinions expressed

1 in previous reports in 1964, '65, and '66 that
2 cannabis is a drug of dependence producing public
3 health and social problems, and that its control
4 must be continued."

5
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Number 6, and this is my last item. That control must be continued. I repeat the sentence. This position is either clearly stated or implied in official or semi-official statements of the following responsible medical and/or scientific bodies, and there are many, but I have named what I consider to be the most prominent ones: The Alberta Medical Association; The Canadian Medical Association; The California Medical Association. And there are more doctors in California than there are in the whole of Canada. The Committee on Youth and Drug Abuse -- I will repeat this if I may -- The Committee on Youth and Drug Abuse in Adolescents of the American Academy of Pediatrics, whom as you know treat children up to sixteen. They have become very concerned about this and there are simply thousands of pediatricians in our country, our country and the United States; The Committee on Problems of Drug Dependence of the National Research Council of the National Academy of Sciences of the U.S.A., and it is probably one of the finest scientific bodies in the world. The Committee on Alcoholism and Drug Dependence of the American Medical Association Council on Mental Health, a very important and fine body. The Hallucinogens Subcommittee of the Advisory Committee on Drug Dependence to the British House of Commons brought -- this is one of the finest documents that anybody can read, but

1 it has got to be read in total and it takes
2 days to do so. And finally, the World Health
3 Organization of the United Nations.

4 And that very briefly
5 is by brief, Mr. Chairman.

6 MR. STEIN: Doctor, I
7 wonder if you would care to expand a bit on
8 the nature of your personal -- I gather this
9 is a personal brief?

10 DR. ANDERSON: Yes,
11 this is a personal brief.

12 MR. STEIN: Your personal
13 view as to whether or not it is appropriate at
14 this time -- I am a bit confused, you see, by
15 the use your word "control." At the moment, as
16 we are well aware, the use of cannabis is
17 prohibited, and the word "control", is used in
18 reference to such drugs as amphetamines and others,
19 and the statement has been made many, many times
20 that the problem, and we heard it again today at
21 the university, is that cannabis is not really
22 controlled at the moment, and because it is
23 prohibited, it is without quality control,
24 distribution etcetera. Now is this personal
25 brief leaving open the question, as to whether
26 or not there should be consideration of some form
27 of control, or are you in favour of continuing
28 prohibition? It is not quite clear.

29 DR. ANDERSON: I don't
30 like to use the word "prohibition" there. I am

1 in favour of staying with the United Nations --
2 Singleton Convention of the United Nations signed in
3 1961 by every leading country of the world, practi-
4 cally every civilized country in the world, and they
5 signed this agreement that they would not grow, trans-
6 port, or sell marijuana. I go along with this.

7 MR. STEIN: So in other
8 words you would be -- I don't mean to press it,
9 but as you use the word "control" you are in favour--

10 DR. ANDERSON: I am inter-
11 preting it in that sense. And in the sense when I
12 am speaking of legalization there, I am concerned --
13 maybe I didn't mention that in the front of my
14 brief, but my brief has special emphasis relating
15 to the question of the legalization of marijuana and
16 my interpretation of legalization there is bringing
17 it in and making it available in some form or other,
18 such as in the way alcohol is controlled. I am
19 not in favour of this of course.

20 MR. STEIN: You are not
21 in favour of that?

22 DR. ANDERSON: No, no.

23 MR. STEIN: Would you --
24 you mention here in the beginning a reference to
25 alcohol -- yes, that possibly we face a public
26 health problem is great. Do you have any views
27 at this point regarding the way in which we deal
28 with alcohol, our country at the moment. Would
29 you have any comment? In other words our
30 Commission is

1 concerned with psychotropic drugs across the
2 board. Do you have any views about the way in
3 which society should deal with the question of
4 alcohol?

5 DR. ANDERSON: Yes,
6 I think there should be very much stricter
7 regulations regarding -- especially let's say the
8 drivers under the influence of alcohol. I think
9 they should be stricter than they are right now.
10 Yes, I am very emphatic about this.

11 MR. STEIN: Would you
12 be in favour of a consideration of a return to
13 a prohibition of alcohol?

14 DR. ANDERSON: No, I
15 wouldn't want to say that, no.

16 THE PUBLIC: Why not?

17 DR. ANDERSON: Because
18 we are dealing with a different subject and the
19 question now comes here: why not?

20 I would be in favour
21 of stricter control of alcohol, let's put it
22 that way, a stricter control of alcohol. But
23 I make a distinction between alcohol and marijuana
24 because I think the effect of marijuana has a
25 different affect on our minds than alcohol has.
26 I am very much concerned about Dr. Young's
27 position here, because I think he is
28 right.

29 THE PUBLIC: It doesn't
30 make you aggressive like alcohol.

1 DR. ANDERSON: I agree
2 with that.

3 THE PUBLIC: Alcohol
4 makes you aggressive. You don't hit people
5 on the head when you are smoking marijuana

6 DR. ANDERSON: No, I
7 am not in favour of that at all. I am not
8 in favour of alcohol. I don't use alcohol at
9 all, I never have, and none of my family use
10 alcohol so I am not in favour of it. But I
11 do maintain in my own -- I am giving you my own
12 mind now that marijuana -- let me finish now
13 please.

14 THE CHAIRMAN: Just a
15 little quietly now, one at a time please.

16 DR. ANDERSON: Yes, it
17 is my opinion that marijuana in a long run, is
18 a more incidiously dangerous drug than alcohol.
19 I know all the dangers of alcohol. I have seen
20 many alcoholic livers and many families disrupted,
21 I know all the troubles about alcohol. But it
22 is my opinion that marijuana is a more dangerous
23 drug in the long run than alcohol.

24 THE PUBLIC: Why?

25 DR. ANDERSON: I gave you
26 my reasons a moment ago. Because it effects their
27 minds, it distorts our minds. Alcohol does the
28 same in larger doses, I admit, but there are many,
29 many people --

30 THE PUBLIC: (inaudible)

1 DR. ANDERSON: Just a
2 minute now, Let's be a little logical here. Let
3 me give you this simple little thing I think, which
4 I think has some -- I think you will admit --
5 there are many, many people in our society, people
6 who are carrying on -- I don't like to refer to our
7 Commission here, but supposing our Commission were
8 people who use a little alcohol every night, they
9 remain very responsible people, in the carrying out
10 of these duties. This applies to many of our people
11 in public life, many of our doctors, for example.
12 But I can't say that I would say the same about
13 people who use marijuana. I can't say I would have
14 the same confidence of saying they would be respon-
15 sible people. I am just saying what I believe and
16 what I gather from the medical literature.

17 THEPUBLIC: Sir, I have
18 often heard hallucinogens referred to as "brain
19 ticklers" for those who cannot obtain pleasure
20 from their minds under normal conditions. So you
21 might say the use of hallucinogens is sort of a
22 psychic masturbation I guess.

23 DR. ANDERSON: Yes, I
24 think in a way, yes. In a way.

25 THE PUBLIC: Okay, so
26 much for that. A friend of mind, Barry McGuire,
27 was convicted about ten days ago on a charge of
28 importing twelve pounds of marijuana, and I am
29 suggesting that it is possible although not
30

1 probable, that his trial date was scheduled
2 in such a manner that he would be in jail at the
3 time of these hearings because he was a very
4 eloquent defender of his position. And I am
5 sure, if he were here today, he would be able
6 to contribute much of interest to the Commission.
7 But unfortunately, he is in Prince Albert and
8 he won't be out for about three years for importing
9 twelve pounds of marijuana. Now he was a graduate
10 student at the University of Alberta, very
11 intelligent, very personable, a totally honourable
12 person. He could have used his distribution
13 network to start distributing heroin in this
14 city, if he wanted to. But he considered heroin
15 to be immoral, and he would have nothing to do
16 with it. If he had wanted to, he could have
17 strung this city out on heroin, but he didn't.
18 He was an honourable person. And when they caught
19 him with his marijuana and shut down his operation,
20 great, all the wrotten, lousy marijuana users are
21 out of business. But it was funny, about ten
22 days later a lot of grass and acid and mescaline
23 appeared on the market so the police cracked
24 down on the hash and then it was just acid and
25 mescaline. Things went from bad to worse, to
26 worst. If people had left Barry alone chances
27 are this city would have much less of a drug
28 problem than it has now. He was the lesser of
29 many evils, and I think that he is going to be
30 much more of a criminal when he comes out of

1 jail then he is now going in.

2 DR. ANDERSON: May

3 I make one comment on that?

4 THE CHAIRMAN: Yes.

5 DR. ANDERSON: And

6 perhaps you might want to carry on again.

7 I would just like to say

8 that I am convinced improvements in the law

9 are necessary, but when I am saying legalization,

10 I am speaking broadly, but I agree with you,

11 that improvements in our laws should be made.

12 That is all I will say.

13 THE CHAIRMAN: Thank you.

14 THE PUBLIC: Okay, I

15 would just like to point out that I think the

16 traffic in LSD, and mescaline is subsidized

17 to a large extent by the sales of marijuana and

18 hashish because the profit margin on marijuana

19 and hash for everybody who handles it is about

20 400%. You know, you can buy a pound of marijuana

21 for \$100.00, and by the time you have sold it, it

22 is worth about \$400.00 on the street. You can

23 buy 20 tabs of LSD for perhaps \$25.00, and when

24 it reaches the street it is worth perhaps \$50.00

25 or \$60.00 with a profit margin of about 100%, which

26 doesn't make it worth the risk. If you legalized

27 marijuana, you remove the subsidization of the

28 worst drugs by marijuana and hashish, and the

29 state takes that profit. The price would rise

30 and the availability would drop, because the

1 person you buy marijuana from today, you can buy
2 LSD from, mescaline, Speed, heroin, you name it,
3 you can get it all from the same guy. And every-
4 thing else is subsidized by his sales of marijuana,
5 and he carries these other drugs just as much as
6 Woolworths carries a large stock, keep the customer
7 satisfied, whatever you want, one stop shopping
8 list.

9 DR. ANDERSON: May I
10 make a comment Mr. Chairman; With the legalization
11 of one of these drugs, marijuana or hashish, and I
12 would hate to see hashish legalized but let's
13 say we did, well don't you think -- I would just like
14 to see what you think about this, don't you think
15 that the underground, the underground, the black
16 market would carry on with other drugs such as LSD
17 and these other things? We would have to legalize
18 all these other drugs, if we are going to stop it.

19 THE PUBLIC: (Inaudible)

20 DR. ANDERSON: You
21 wouldn't eliminate the problem of the black market,
22 that is what I am saying. That may be. You
23 wouldn't eliminate it, I agree with that.

24 THE PUBLIC: I would like
25 to bring up a few points that you made in your
26 report. You referred to Dr. Young, from his
27 report that came out awhile ago, and he recommended
28 we clamp down on all these drugs and recommended
29 that we install all forced labour camps.

30 DR. ANDERSON: Mr.

1 Chairman, excuse me, he didn't say that in his
2 article and I have his paper right here. He didn't
3 say that.

4 THE PUBLIC: He said it
5 when it came out in the Gateway.

6 DR. ANDERSON: He didn't
7 say that in his official statement, excuse me.

8 THE PUBLIC: In any event,
9 you mentioned he was President of the Canadian
10 Psychiatric Association in the convention at Toronto
11 last month came out for both legalization of marijuana
12 and LSD.

13 DR. ANDERSON: That may
14 well be, yes. I know his position is not accepted
15 by the whole psychiatric -- I didn't want to give
16 that impression.

17 THE PUBLIC: You did by
18 saying ---

19 DR. ANDERSON: No, I
20 said he was elected. What I wanted to do -- let
21 me say this: what I wanted to imply was he was
22 elected President of the Canadian Psychiatric
23 Association, therefore respected by the other
24 Psychiatrists. But maybe I should have made it more
25 clear still, by saying that doesn't necessarily mean
26 to say that the other psychiatrists agree with his
27 position. That is his own personal position. I
28 want to make that clear.
29
30

1 THE PUBLIC: I just want to
2 say that the Psychiatric Association as a whole is
3 in favour of legalization.

4 DR. ANDERSON: That may be.

5 THE PUBLIC: You also
6 mentioned variations in the drugs that are available
7 and I would like to put it forth that most of these
8 variations are caused because of the underground
9 market and there are no controls on the quality
10 and therefore varied quality comes out.

11 DR. ANDERSON: May I just
12 put in this little thing here, and then you carry
13 on again. I mention this here. Maybe you don't
14 know this, maybe you do, but marijuana THC, and
15 hashish, all of these things deteriorate and change
16 very, very rapidly, and so much depends upon the time
17 of harvest. If the hemp plant is not harvested until
18 after the female plant is fertilized, then the
19 potency of the drug drops very markedly, but if it is
20 harvested just before the fertilization of the
21 female plant, then it is much more potent.

22 This is an illustration of the extreme variability
23 and unpredictability of the standards of the drug ---

24 THE PUBLIC: So that is why
25 we need controls, and the only way we can have control
26 is to legalize it.

27 DR. ANDERSON: But we can't
28 yet standardize these drugs. It is so difficult
29 to standardize. Now, you all know the name. He said
30 in his Science Report in October of '69 that so many

1 given up in frustration because they cannot get
2 anywhere because of the variability of the drug
3 that they are using and because of the unpredicta-
4 bility of the response of the dogs. I won't interrupt
5 again, excuse me.

6 THE CHAIRMAN: I have been
7 asked to point out that we are not permitted to smoke
8 in the theatre.

9 DR. ANDERSON: Tobacco or
10 marijuana?

11 THE CHAIRMAN: Anything
12 apparently. You can smoke in the lobby, but that
13 is why we have been hearing these signals from
14 time to time, there are smoke sensors here, and we
15 will be in trouble with the Fire Marshall.

16 THE PUBLIC: Big brother
17 is watching.

18 THE PUBLIC: You also
19 mentioned the World Health Organization. I am sure
20 most people here know that the World Health Organi-
21 zation, their department on drugs, is headed up by
22 Anslinger, who until 1961 was the head of the
23 Bureau of Narcotics in the United States. And I have
24 seen his reports on what the evidence is to make
25 marijuana illegal in 1938, and the type of evidence
26 that he took at that time was certainly not saying
27 much for his professional ethics. They hauled in
28 witnesses to claim every type of insidious thing
29 about the use of marijuana. That users of marijuana
30 are essentially degenerate and would kill or do all

1 this is the kind of evidence that was used to make
2 it illegal in the first place, and this was done
3 by Anslinger, who is now with the World Health
4 Organization.

5 DR. ANDERSON: You see this
6 committee has changed periodically, and selected
7 from the leading nations, and it is independent
8 and it serves without remuneration and I don't
9 think that committee would for a minute stand for
10 any domination by Anslinger , I don't think so.
11 It may be, but I don't think so. I don't think
12 a committee of the World Health Organization would
13 ever stand for one minute being dominated by one
14 man from the United States.

15 THE PUBLIC: Well, we have
16 a difference of opinion right here. I would also
17 like to say something about the sociological effects
18 of the laws as they are right now, because from
19 all reports that I have heard about 80% of the
20 kids in high school are now using drugs of one
21 type or another, and in the words of the Jefferson
22 Airplane, we are all outlaws in the eyes of
23 America. And if we have 80% of our citizens growing
24 up as outlaws this country isn't going to hold
25 together -- this world isn't going to hold together,
26 and if anybody in Ottawa is worried about keeping
27 this country growing and maintaining a certain
28 amount of order, and I like order in that I like
29 knowing that somebody can't walk up and kill me,
30 or knowing that somebody can't walk up and throw me

1 in jail for awhile. And if somebody is concerned
2 about it they are going to have to do something
3 about these laws because they are making 80% of
4 all population that is growing up outlaws. And
5 the state just can't hold together with that type of
6 attitude. Thank you.

7 THE CHAIRMAN: I am wondering
8 -- how are you feeling, Doctor? I am wondering if
9 I should release you.

10 DR. ANDERSON: Oh, if you
11 wish. Whatever you say now.

12 THE CHAIRMAN: Well, we
13 are running a little behind, but I don't want to
14 cut off any discussion and you have been very helpful,
15 and I just don't want to abuse your time and endur-
16 ance either.

17 DR. ANDERSON: Well, I
18 don't mind at all. It is whatever you wish.

19 THE CHAIRMAN: Well we
20 will hear these two gentlemen.

21 THE PUBLIC: Freaks.

22 THE PUBLIC: Yes, you
23 can call us freaks, these two freaks. Yeah, I was
24 just kind of curious, Doctor about some of the things
25 you said -- you know, some more nitty gritty of your
26 personal beliefs. Like you seem to think that
27 marijuana is going to cause great change, let's
28 among the people, supposing that, let us assume
29 hypothetically that one or two of these gentlemen
30 on the Commission happen to drink lightly,

occasionally. They can still be the responsible

1 fine gentlemen we see them to be. Right? Okay,
2 so supposing one of these gentlemen was to smoke
3 some marijuana and like it, and suppose he smoked
4 some more marijuana and like it better. Supposing
5 he got this insane craving for marijuana. Suppose
6 he turned into a "grass head." This is extremely
7 hypothetical, I know, but suppose a gentleman like
8 Mr. Stein, and I in no way intended to slander him --
9 supposing he would smoke marijuana, could you tell
10 me what would be the likely outcomes of it --
11 what would the outcome on his personality be, how
12 would it manifest itself?

13 DR. ANDERSON: You are
14 asking me that? Shall I answer that, Mr. Chairman?

15 THE PUBLIC: Mr. Stein or
16 anyone else. I am not really on his case, you know.

17 THE CHAIRMAN: What are the
18 effects, Doctor, on the mind is what he is referring
19 to. You did refer to effects on the mind, you said
20 it affected the mind, it distorts the minds, perhaps
21 that is what is being asked.

22 DR. ANDERSON: Well,
23 certainly we all know, that the majority of people
24 who smoke marijuana have no bad effects. We know
25 this you see, especially the occasional users,
26 weekend, or whatever, we know this. But the chronic
27 user, who keeps on every weekend, week after week,
28 month after month, or has a tendency to get any
29 heavier, the medical evidence, and I can go with
30 the very best medical evidence, there is finally

1 THE PUBLIC: In what way
2 specifically? Like supposing Mr. Stein were to
3 smoke marijuana. Would he likely make the false
4 judgment of deciding to go his hair long, or would
5 he ---

6 DR. ANDERSON: No, no, no.
7 We are not concerned about that. At least I am
8 not concerned whether his hair is long or short.
9 But I am giving you the medical evidence.

10 THE PUBLIC: Yes. But I
11 want to know ---

12 DR. ANDERSON: Well let
13 me finish now please. The medical evidence, and I
14 have spent all my time -- the last two or three
15 years in informing myself on all the medical evidence
16 that comes out on this, the responsible medical
17 evidence, and the consensus of opinion is that
18 there is finally an effect on the judgment.

19 THE PUBLIC: Yes, but
20 responsible medical evidence says -- I suppose
21 you might get some difference there, but I want
22 to know specifically how would these effects on
23 the judgment, how do they manifest themselves.

24 DR. ANDERSON: Yes, taking
25 our Commission as an example. Why I just wouldn't
26 have the competence in their judgment. Now may I
27 repeat my point there? That the high, that the
28 experience, desired high, has an unhealthy effect
29 on the mind because it produces changes in your sense
30 perception, it produces changes in your mood, it

1 produces changes in your judgment. Like the girl
2 at the university who was absolutely sure that she
3 could float with one dose of LSD.

4 THE PUBLIC: I know of
5 many people who are sure of that without any doses.
6 We even have a religion going around that says you
7 can walk on water. That strikes me as far fetched
8 and some people believe in it sincerely.

9 DR. ANDERSON: All I
10 am trying to say is that the people who keep on
11 using marijuana, it has this effect, this distorting
12 effect on our minds. Finally they don't have
13 the normal judgment that the person just doesn't
14 use it. I just want to say that you don't have
15 to believe it if you don't want to.

16 THE PUBLIC: Let me just
17 comment on what I picked up from you reply. Two
18 things you said struck me. Like when I listen to
19 a man speak, I try to pick up what is relevant,
20 because everybody says words, and they really mean
21 something else. But I think you can pick up what
22 they mean, whether they know it or not, grade
23 school psychology, all right. Now I seem to have
24 picked up that the psychology of the people who
25 sincerely believe, and I think those are few, that
26 grass is going to warp our little minds, it is the
27 same psychology as the censor. You see, the censor
28 feels that if somebody else sees a movie, like
29 it is going to warp that person's mind, because
30 like the censor feels his mind has been warped.

1 You said the whole manifest effect of the lack
2 of judgment of the marijuana smoker is that you would
3 no longer have faith in his judgment. So I see the
4 effect of his smoking the joint being all in your
5 mind.

6 DR. ANDERSON: That could be.

7 THE PUBLIC: And I also
8 want to call upon your quote about normal judgment.
9 There are too many people in America these days
10 wanting to find out what is normal, logical,
11 rational. Society is going through a change. Whether
12 you like what the changes are or not, you have to at
13 least admit it, the society is going through fantas-
14 tic changes, and we are winning whether you want to
15 admit that. So the concept of what is excessive
16 what is pornographic, what is normal, what is
17 natural, all these concepts are up for discussion
18 and decision. And I don't think anybody should try
19 to enforce theri concept of what is normal on us.

20 DR. ANDERSON: I agree.

21 THE CHAIRMAN: I think
22 you certainly demonstrated, Doctor, that you have
23 agreed these things are all up for dialogue --
24 for grabs. I think I should release you now, and
25 thank you for your assistance today.

26 THE PUBLIC: I would just
27 like to address a specific question to the Commission.
28 Reference was made recently to a guy named
29 McGuire who is in jail, and I am just wondering what
30 efforts the Commission is making to contact

1 similar convicted drug users, and get their versions
2 on drugs. Just how much attention is paid to
3 people who go in to seek medical aid, I would like
4 to know what attention is being given to people
5 who have been convicted. Are you going to jails,
6 and prisons across Canada?

7 THE CHAIRMAN: We have
8 had a lot of contact with users who have been
9 convicted or have been awaiting sentence, prosecu-
10 tions pending against them and we are carrying
11 out a study of the effects of the administration of
12 justice in this field on the operation including
13 the correctional system. We have talked to a lot
14 of people who have been convicted.

15 I should call now upon
16 Mr. Body, Walter Body of the Alberta Pharmaceutical
17 Association. If Mr. Body would come to the table.

18 THE PUBLIC: I would like
19 to make a point concerning the point that
20 marijuana has terrible deleterious effects on judg-
21 ment and mind. I am one of those horrible pro-
22 fessionals in the establishment. I work with
23 computers, I know at least three people who are
24 internationally known, who use marijuana, some of
25 them use other drugs as well. There are several
26 people, I suspect, but they won't admit it. These
27 people have not notably been affected in the opinion
28 of the international scientific community. In
29 connection with that, in the City of Amsterdam,
30 and several other cities ...

1 in the Netherlands, they run what might be
2 called, "drop-in centres", there are two in
3 Amsterdam where the person can get without fear
4 of legal sanction, drugs of quality he is
5 assured. This could possibly afford a compromise
6 step between legalization and prohibition.

7 The third thing I would
8 like to express, is a considerable amount of
9 disappointment. I am aware of fairly legal, valid
10 arguments against the legalization of marijuana,
11 yet I haven't heard any today. If all we have to
12 rebuke are arguments such as given by the last
13 two speakers, then there is no logical argument
14 against marijuana.

15 MR. STEIN: What would you
16 consider a logical argument today? You say you
17 are aware of them.

18 THE PUBLIC: There are
19 certain logical arguments concerning possibilities
20 of chromosome damage, the possibility which has
21 been raised, although not justified, have overall
22 sociological damage similar to that by the usage
23 of alcohol. There has/no one go into the effects
24 on marijuana upon motor systems for example.
25 (Lindberg) in Boston, as has been referred to, has
26 done a great deal of research on this. There are
27 many possibilities. As a proponent of the repeal
28 of these laws I am, of course, prepared to refute
29 these. But the point is, I haven't had a chance.
30 And I have a great deal of sympathy for you

1 gentlemen if this is what you have been listening
2 to for the last nineteen universities, I believe
3 it was.

4 THE CHAIRMAN: Well, I
5 should observe.--I shouldn't let that pass without
6 comment. We have received a great deal of benefit
7 from our hearings across Canada, including this
8 one. I don't know what the state of your knowledge of
9 this phenomenon is, and all its complexity and
10 facets. We have had the privilege, and also the
11 heavy burden I guess, responsibility of spending
12 a considerable time on it, and having access to
13 experts of all kinds and having access to studies
14 of a very competent staff, and I certainly --
15 we certainly don't feel that we have nothing to
16 learn, and we have learned a good deal here,
17 and of course, what you have heard is necessarily
18 selective. This is true of every hearing; it is
19 true -- you can only do so much in a certain amount
20 of time, and according to the interest of
21 people, but you shouldn't assume that we have not
22 had the benefit during the last year of exposure
23 to all of these considerations. And I think that
24 will be very clear shortly. So that I couldn't
25 just let that pass because we still derive a
26 great deal of benefit from these hearings and I
27 certainly don't confer on any judgment made by
28 any of the submissions that have been made to us.

29 Mr. Body.

30 MR. BODY: Mr. Chairman,

1 members of the Commission, we thank you for this
2 opportunity of appearing. Before I go into this
3 very small brief, I would like to introduce my
4 confrere, Mr. Donald Cameron, the Registrar of
5 the Alberta Pharmaceutical Association. I would
6 like to clarify one point at the beginning. I am
7 here speaking as a representative of the Alberta
8 Pharmaceutical Association as a pharmacist and
9 as a concerned father, and as a person involved
10 with the drug abuse, and the drug education
11 program designed to prepare pharmacists to better
12 present better evidence to the population of
13 Alberta. To begin with, I would just run through
14 this brief.

15 The pharmacists are
16 concerned with the orderly release of drugs to
17 the public.

18 We do not think it possible
19 to discuss the non-medical use of drugs without
20 considering the possibility of misuse by
21 physicians, by pharmacists and by the public.

22 With reference to non-
23 medical use in the Edmonton area would include
24 the following:

25 (a) Narcotics and Oral
26 Narcotic Drugs. While I mentioned these specifically
27 there are many of course, you will realize and I
28 especially mention methadone, alvodine, dilaudid,
29 A.P.C. with Codeine, and fiorinal with Codeine.

30 And prescriptions are

being obtained in this area presently for quantities up to 150 tablets.

We would have to advise, that approximately a six month time lapse -- lag may elapse before problem narcotics in certain areas can be detected by the Division of Narcotic Control. We have had preliminary discussions with the local Edmonton Drug Wholesalers in this regard, in an effort to detect early a run on a certain narcotic.

(b) Controlled Drugs

(Schedule G): Both sedatives and stimulants are included in this group. The problem drugs in this area are: all amphetamines, especially Methamphetamine and Dexedrine. All barbiturates, -- especially Tuinal, Seconal and Amytal.

Combinations of the two, especially Desbutal.

Our membership have been alerted to the problem of forged prescriptions, boosted quantities on prescriptions; patients going to more than one physician and getting the same product. The Medical Association has been alerted to the resale potential of many of these tablets and capsules.

We are urging our membership to use Family Record Cards to assist our office in the early detection of drug overutilization. We recommend that the illegal possession of a controlled drug be an offense somewhat similar to

the law now affecting narcotics.

Prescription Drugs

(Schedule F), drugs in this category are: Preludin
Tenuate, Valium, Librium, Serax and others,
Equanil, Darvon, Methaqualone, Doriden, Ritalin
and others.

We recommend that, a better
method be found to identify physicians signatures
and for transmission of this information to
pharmacists.

(d) Over the Counter Drugs:

These include: Antihistamines, for example Gravol,
Dimenhydrinate, Decongestants, including such products
well known as Contac C; cough syrups, containing
Dextro Methorphan. For example, Robitussin - DM,
Cutex nail polish remover and plastic glues,
Stramonium preparations - some containing
Belladonna. For example Asthamador Cigarettes and
powder and Kelloughs Asthma powder.

Ephedrine Tablets, Oral

tablets are usually injected and Isuprel Mistometers
(Isoproterenol).

The majority of these pro-
ducts will alter the state of consciousness in high
doses and are being experimented with for their
potential often by extremely young people.

We have requested our
pharmacists to place these products in non-self
serve areas to sell only to individuals eighteen
years or over and to obtain a

1 signature in the poison register.

2 A final category of illegal
3 drugs: Since pharmacists do not have any direct
4 involvement with these products, we will not comment
5 on their distribution.

6 We do recommend, that
7 pharmacists become knowledgeable about these
8 products and be in a position to advise concerned
9 teenagers and adults.

10 Following are our
11 recommendations, sir: 1. Greater liaison be
12 established between Medical and Pharmaceutical
13 Associations to determine the problem drugs of an
14 area, to determine the dosages being taken to
15 obtain non-medical effects, to determine the
16 methods used to obtain drugs for abuse purposes and
17 to set up a communications vehicle with the R.C.M.P.
18 and city police, to identify the drug abuser.

19 2. Greater liaison between
20 pharmacists and physicians. Where pharmacists
21 keep Family Record Cards, the patients complete
22 drug profile is seen at a glance, no matter how
23 many physicians he goes to. This information must
24 be passed along to the physician.

25 3. Need for pharmacists to
26 have factual information made more readily available
27 than it presently is in regard to the physiological
28 effects of large doses.

29 4. That the illegal pos-
30 session of a controlled drug be considered an

1 offense.

2 5. That a better method
3 be found to identify physician's signatures,
4 than that presently used.

5 6. A more responsible
6 attitude of the press in reporting the dangers as
7 well as the glamorous aspects of drugs.

8 7. That greater security
9 measures be taken by pharmacists to reduce the
10 incidence of break into pharmacies.

11 8. That pharmacists and
12 physicians become involved in panels on drug
13 abuse and make themselves available to provide
14 factual information to concerned groups in their
15 neighbourhoods.

16 9. That we, as pharmacists
17 step up our efforts in the area of early detection
18 of the drug abuser.

19 10. That pharmacists rou-
20 tinely phone back physicians to determine the
21 authenticity of phoned in prescriptions, especially
22 for Tuinal, Desbutal, Seconal, Preludin,
23 Amphetamines, Valium and so on.

24 11. Concerning Marijuana:
25 It is a basic premise of pharmacy that no drug
26 should be administered to mankind, unless proven
27 safe, therefore, until controlled research and
28 clinical experience have established the ingestion
29 safety of marijuana. that its status remain that
30 of an illegal drug.

12. That the abuse potential of new drugs, be more properly determined.

13. That effective liaison be established between, physicians, pharmacists, Food and Drug Officials and the Pharmacy Manufacturers Association of Canada, to determine the prescription abuse of Amphetamines and to determine if these products should not be restricted to the treatment of narcolepsy only.

14. That the potential hazards of over-the-counter drugs, be determined and appropriate controls developed.

15. That drug authorization form letters (copy attached) be routinely used by pharmacists to obtain confirmation of repeat authority verbally given.

That is our submission,
Mr. Chairman.

THE CHAIRMAN: You already introduced your colleague here. Would he like to add anything.

MR. CAMERON: Thank you, Mr. Chairman. I did participate to a minor degree in the preparation of it, and Mr. Body is Pharmacy Representative to the committee established by the Department of Youth, has had a fairly wide experience in this particular facet of it, and I think he would be prepared and most able to speak to your questions, or those from the assembly, sir.

THE CHAIRMAN: It is Mr.

1 Body?

2 MR. STEIN: Could you
3 tell us a bit about the local situation as you
4 may know of it in your profession for use by
5 adults of some of these drugs, especially the
6 amphetamines and the barbiturates? It is implied
7 certainly that you are quite concerned about this.
8 Could you give us a more precise picture of the
9 situation?

10 MR. BODY: As it relates
11 to the Alberta scene we are concerned with the
12 overutilization of especially amphetamines and
13 barbiturates in all forms. We are having a real
14 battle at the present time with several individuals
15 who are dependent, if not addicted, to Desbutal, a
16 combination of an amphetamine and a barbiturate,
17 who does resort to very devious tactics to obtain
18 this substance in large quantities. And as you
19 know, these things do have a great resale
20 potential, and with the quantities that are being
21 obtained, I would say there it is on the increase
22 in this area, and I am certainly not singling out
23 young people here. I am really in the main
24 referring to adults.

25 MR. STEIN: You referred
26 to your recommendation that the illegal possession
27 of a controlled drug be considered an offense. Do
28 you have any views about the possibility of enforce-
29 ment of such an offense at the same time that
30 controlled ...

1 drugs are available in the community, in other
2 words, as long as they are not considered to be
3 prohibited drugs, they are available via
4 prescription. You must, I am sure, have thought
5 some on the question of how one would go
6 about obtaining prosecution. For example, an
7 example is given to us for example of a family
8 where someone has obtained a controlled drug
9 via prescription and then they give it to
10 another family member, or to a friend.

11 MR. CAMPBELL: Yes, Mr.
12 Stein. We have a parallel now where illegal
13 possession of a narcotic is an offense, therefore,
14 it could be well argued that if you had some
15 (Dilaudid) or some Methadone, or Alvodine and you
16 indeed give it to a relative, that he would be
17 guilty of being illegally in possession of a
18 narcotic. From the little work that I have
19 done with the police, I don't think that they
20 would abuse this privilege. That is my personal
21 opinion. And I will give you an example of where
22 the police are hampered, we have on occasion
23 apprehended individuals presenting forged
24 prescriptions for controlled drugs, and the police
25 are completely helpless. The only charge they
26 can make is one of fraud. Whereas if indeed this
27 person who was illegally obtaining a controlled
28 drug could be charged with a more serious offense,
29 I think it would greatly enhance the performance
30 of the police.

1 MR. STEIN: On the
2 recommendation number 11, regarding your concern
3 for proof of safety and the need for more controlled
4 research: earlier today during a discussion around
5 this, the suggestion was made that it may well be
6 a long time before we are at a point where we would
7 have that kind of research. And my question would
8 be, is it the view of your solution, that there
9 should be no changes whatsoever in the present
10 legal status regarding marijuana until further
11 research, or would you have any recommendations
12 regarding the present legal handling of this drug,
13 present legal status?

14 MR. CAMERON: Mr. Stein,
15 my association is quite adamant that no drug of
16 any kind be released to the public until all the
17 facts are known, and the thalidomide episode is a
18 case in point. However, the association does
19 welcome the litigation of penalty for the illegal
20 possession of marijuana. We think that this is a
21 just step. The fact that a Magistrate or Judge may
22 convict or proceed under summary conviction rather
23 than indictment we think is a good step. But we
24 certainly think that marijuana remains where it is,
25 Whether or not it be classed as a narcotic is a
26 debatable point. Our association would not be opposed
27 if it were placed under Schedule "J" of the Food
28 and Drug Act, in the same category with LSD, DET and
29 the rest .

30 THE CHAIRMAN: Are there

any limits, practical limits, however to this
principle that a substance should not be released

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1 to the public until all the facts are known,
2 arising from the fact that some of them -- we
3 may not be capable of knowing some of them for
4 a long period of time. The contraceptive pill
5 may be an example.

6 MR. BODY: That is very
7 true.

8 THE CHAIRMAN: What
9 criteria are we to adopt?

10 MR. CAMERON: I think
11 the criteria you have to adopt, Mr. Chairman,
12 is that it has to demonstrate some attribute that
13 marks it as a medical entity capable of
14 performing some good before it ought to be admitted,
15 and therefore -- while, I will be the first to
16 admit that there are many medications on the
17 market that have very serious side reactions,
18 but it is calculated that the good they will
19 perform would outweigh the undesirable side
20 reactions that they have. And as far as I know
21 the profession of pharmacy has not been convinced
22 or provided with any evidence that the medical
23 utility of marijuana is established to any
24 marked degree at all. So therefore ---

25 THE CHAIRMAN: So in other
26 words, you two gentlemen are speaking from the per-
27 spective of pharmacists and the substances you are
28 referring to are substances that have some medical
29 application. The state itself may be concerned
30 with a much greater range of substances.

1 MR. CAMERON: Well speaking
2 as a citizen, then I would think that the inter-
3 pretation of the law as it applies to marijuana in
4 some cases that have come to my attention and I
5 certainly don't hold myself up to be an expert here
6 but I am rather distrubed from the standpoint of the
7 criminal aspect attached to people sometimes innocently,
8 sometimes not so innocently, but nevertheless it is
9 unfortunate that once a criminal, always a criminal.

10 THE PUBLIC: Yes, In this
11 respect I would like to accuse the pharmacy business
12 of exploiting our youth by "every pill is candy".
13 The child starts out from the age of two, it's
14 candy, it's candy. I don t think the refuge in
15 tasteless, or good tasting is respectable professional
16 ethics in the markeding of some of the very potent
17 amphetamines and cough syrups with (inaudible drug
18 name) it. I think that the profession should be
19 prepared to look at itself in some of its marketing
20 qualities and leave the newspaper media alone. The
21 newspaper media advertise what the pharmacists say
22 fairly well.

23 THE PUBLIC: May I comment
24 at this time?

25 MR. BODY: First of all
26 there are a couple of considerations here. Some
27 products of necessity must be coated. They are not
28 intended to dissolve in the stomach, they must go on
29 in the gastro-intestinal tract. This gentleman
30 sitting beside me would be much more competent

1 to speak to this than I. But it is a must that
2 certain tablets be coated and whether they are coloured
3 red, blue green, or whatever is not important. Now
4 regarding the presentation of certain tablets in a
5 form or taste that is acceptable to children, I
6 agree. We are quite alarmed about the incident of
7 Aspirin poisoning in Canada. Aspirin is the number
8 one poison in Canada, and we have taken steps
9 recently in co-operation with the federal government
10 Department of National Health and Welfare, to try
11 to reduce the incidents of aspirin poisoning.
12 A good friend of mind who went to work in New York
13 City for a large pharmaceutical company, part of
14 his job when he first went there, was to develop a
15 vehicle that would give a very nasty tasting antibiotic
16 some appeal to a small child. If they won't take
17 it, it is no good. So you are on the horns of a
18 dilemma. You have to make it appealing for a child
19 to take it, and when you do this it opens the doors
20 to abuse or over-utilization or misadventure.

21 THE PUBLIC: With the
22 case of food, food is getting more tasteless
23 and everything else, and I think the pharmacy
24 is taking advantage of the tastefulness of their
25 products.

26 MR. BODY: You may have
27 a good point there, sir.

28 THE PUBLIC: Mr. Body, you
29 mentioned that your organization will not
30 consider legalization of something like marijuana

1 until you are satisfied through long-term study,
2 that its good effects outweigh its bad effects
3 among other things and other chemicals that you
4 endorse. Don't you think that at this time,
5 because of the usage -- wide usage of something
6 like marijuana, and the incidents of people being
7 caught with it, that this is generally marijuana's
8 biggest side effect at present. Its main ingredients
9 which destroys lives, is its illegality. Don't you
10 think you should consider this aspect, and say, "Why
11 don't we completely lax these laws until such time
12 that a study can be done, and then we will make
13 a rational decision on whether it will continue
14 to be illegal or not?"

15 MR. BODY: Would you mind
16 if I referred this to Mr. Cameron. I am afraid
17 I am very weak in the sociological aspects on some
18 of these questions, and I am probably one of these
19 narrow persons who confirms his activities to
20 one particular field.

21 MR. CAMERON: I think
22 Mr. Chairman, that my answer to that would be that
23 what this young man says, applies precisely in the
24 face of the training and understanding appreciation
25 that professional person has. I agree, perhaps
26 we should be more concerned with the legal aspects
27 of it than we are, but our training leads us to
28 believe that we be just as concerned with the
29 medical aspects, and there has been to my
30 satisfaction enough ...

1 competent medical opinion presented here today
2 that marijuana has more bad about it than it
3 has good to persuade me to change my mind that
4 it should be legalized.

5 THE PUBLIC: I respect
6 your medical views, but it seems to me that the
7 sociological aspects of it, the effects on the
8 society, what it is doing, it is alienating
9 a whole population generally under twenty-five.
10 It is destroying people's lives, and I think that
11 perhaps this may for a time outweigh the medical
12 aspects which are still awfully cloudy.

13 THE PUBLIC: I would like
14 to ask Mr. Cameron, it seems to me that marijuana
15 is more related to things like alcohol, rather
16 than to things like penicillins. And so it seems
17 strange to me that he is advocating this sort
18 of control for marijuana. I would ask you, what
19 is your opinion about alcohol in this case, but
20 since we have had, all the years of experience
21 with this, we clearly know that it is bad
22 socially for large percentage of the population,
23 and yet we still have it legalized, I can't really
24 see the reason for your particular dictomy,
25 your hang up as it were about marijuana as
26 compared to things like, well, alcohol.

27 MR. CAMERON: I am not
28 too certain, Mr. Chairman, that my voice raised
29 in society against the way alcohol is presently
30 dealt with is likely to change, and I am not

1 about to advocate that marijuana be admitted into
2 the same category. Because if we are suffering from
3 the ills of one, I don't see that we are going to
4 improve our social conditions by suffering from
5 the ills of a second by making it more available
6 than it presently is.

7 THE PUBLIC: It seems to
8 me then, you are saying that we don't have a
9 marijuana problem when it isn't available and yet
10 the facts say otherwise. You are saying if we
11 legalize, if we legalize we will have two problems.
12 I think we essentially have two problems now. I
13 think you are evading the facts. The facts are,
14 that people are using marijuana quite widely.

15 MR. CAMERON: I think I
16 am sufficiently pliable that if you could convince
17 me that marijuana would be a valuable asset, if given
18 legal status, and much wider distribution, I am
19 prepared to sit here and listen to you.

20 THE PUBLIC: Is alcohol
21 as valuable as penicillin or librium ---

22 MR. CAMERON: In my
23 opinion certainly not.

24 THE PUBLIC: Then to be
25 consistent why are you not advocating the same
26 thing for alcohol?

27 MR. CAMERON: The elimination
28 of it?

29 THE PUBLIC: Obviously the
30 reason is, that you know, and I know, and everybody

1 else here knows that it is impossible. United
2 States tried this with disastrous results.
3 I think we are doing the same thing with heroin.

4 MR. CAMERON: Certainly
5 I don't advocate a return to prohibition as far
6 as alcohol is concerned, but neither do I find
7 great favour in the relaxation of legality as
8 far as marijuana is concerned. I certainly am
9 concerned about the application of the law for
10 those of its users. I think a severe and not
11 at all well regulated and uniform in its application,
12 but I am still not convinced that the relaxation
13 is going to do other than supply an easy out
14 for people who really don't need an easy out.

15 THE PUBLIC: Then what
16 in your estimate are the consequences of continuing
17 as we are?

18 MR. CAMERON: I presume --
19 I am not convinced that we are alienating a great
20 percentage of our youth. I see rather a large
21 number of pretty well oriented young people on
22 the streets of my city, and the university at
23 which I lecture a couple of times a week, and I
24 am not concerned that they are about to upset the
25 world.

26 THE CHAIRMAN: I think I
27 should ---

28 THE PUBLIC: You speak
29 as if you could tell the difference between a
30

1 marijuana user, an alcohol user, and a non-user.

2 MR. CAMERON: No, not at
3 all.

4 THE CHAIRMAN: I think I
5 should move on, because it is getting late and
6 thank you, Mr. Body and Mr. Cameron, for your
7 assistance today.

8 THE PUBLIC: Mr. Chairman,
9 one question if I may. I am a member of the much
10 maligned news media. I would like to know
11 what Mr. Body thinks is a responsible attitude
12 in the press, which I must say I think it plays a great
13 part in the publicity given drugs, adverse and
14 otherwise.

15 MR. BODY: I was afraid
16 somebody from the news media would be here. Let
17 me in all honesty say this is my impression:
18 I watch and I am very interested in any articles
19 in any media relating to drugs, or the abuse
20 of drugs. It seems to me, that it is more
21 fashionable, or if it is a more saleable product
22 or what -- the bias presented in the article to
23 glamourize the misuse of drugs, rather than
24 stress the adverse effects. Now granted, many of
25 you people are probably getting your information
26 from those who you would prefer that you talked about
27 the benefits rather than the adverse effects, and
28 I suppose that for you to do this, a study in
29 depth, you would possibly have to cover both the
30 drug street scene, and the hospital scene and so on.

1 But this is a personal observation, sir.

2 THE CHAIRMAN: Thank you.

3 I would like to call now on Professor Julian,
4 of the Faculty of Law University of Alberta.

5 THE PUBLIC: Mr. LeDain,
6 could I ask you one question? What would the
7 effect be if marijuana were made a prescription drug
8 to be administered under the care and supervision
9 of a doctor? In this manner the Pharmaceutical
10 Association could have its pound of flesh because it
11 would deal in marijuana much the same way as it deals
12 in other drugs, and the potential psychotic would be
13 weeded out by the physician in much the same manner
14 as the potential psychotic is weeded out by the
15 physician when he administers amphetamines, barbitu-
16 rates or tranquillizers.

17 THE CHAIRMAN: Professor
18 Julian?

19 PROF. JULIAN: I would like
20 to limit my discussion to cannabis drugs this
21 afternoon, and I will try to be as succinct as
22 possible, perhaps ten minutes.

23 THE CHAIRMAN: You have
24 been very patient, Professor. I don't want to
25 feel unduly rushed.

26 PROF. JULIAN: I hope
27 that what I have to say has a wider implication
28 than just marijuana and hashish. First, I think
29 as most of us know quite well in North Africa
30 and Asia, people have been using ...

1 these cannabis based drugs for three or four
2 thousand years, and even now, after all that time
3 and all that experience, we still say we don't have
4 any real evidence about the long term effects
5 of the drug on users. But actually, not only
6 do we have three thousands years experience but we
7 have a number of, I think, very adequate
8 scientific studies; The Indian Drug Commission
9 Report in the 1890's; The United States Army of all
10 things in Panama in the 1930's; The Mayor La Guardia
11 report in New York in the '40's; The Chopers Report
12 in the late '30's and '40's all came to the
13 conclusion that the use of cannabis had no long
14 term debilitating effects. Now Dr. Anderson
15 mentioned some studies in the East and in North
16 Africa. He didn't point them out particularly
17 that indicated there were some debilitating effects.
18 And I will admit some studies in Morocco and Egypt
19 have come to this conclusion. I would like to
20 mention, though, that in almost every single case
21 when that conclusion was reached, the researchers
22 went into insane asylums to study the users of
23 cannabis drugs that were in there. Now one wonders
24 about the randomness of the sample they obtained.

25 Not to mention of course,
26 I think, a very important factor, that is often
27 overlooked, in parts of North Africa, and
28 particularly Egypt, the hashish that is used
29 there, almost always contains a large amount of
30

1 opium, so hashish smokers are very often also
2 opium addicts, not to mention also the fact
3 that the hashish often contains Datura seeds .
4 Well Datura is a very potent poison and it leads
5 to rapid deterioration of the mind. So I don't
6 think any of the studies that have shown some long
7 term debilitating effects have been really
8 significant. But I am not too concerned frankly,
9 with the pharmacological aspects of the drug,
10 and I don't intend to emphasize those. Rather
11 I would like to suggest that no matter what the
12 long term effects or the short term effects for
13 that matter, of marijuana are, the ultimate
14 question of what the law should do about the
15 drug really isn't too significant in that
16 respect. I didn't make myself too clear?

17 THE CHAIRMAN: The effects
18 aren't too significant.

19 PROF. JULIAN: I don't
20 think the long term effects really have much to
21 do with what the law ought to -- what the position
22 the law ought to take. I think the criminalological
23 aspects are perhaps far more significant. The
24 use of marijuana is a perfect example of the so-
25 called crimes without victims that we have been
26 hearing so much about. Gambling, prostitution
27 and abortion, are of course, other examples. We
28 have no complaining witness, no victim to run to
29 the police. Consequently we have to rely on
30 informers, undercover agents, and all kinds of

1 shady deals like prosecutors with people to get
2 evidence on other people.

3 My own experience with
4 some of the ramifications of the law when you look
5 a little unstraight -- I have been stopped a half
6 a dozen time in the last year, and my car has been
7 searched a few time. It happens to people very
8 often and the effects that it has over a period
9 of time, I think, is really immeasurable. There
10 are all kinds of sociological and criminalological
11 ramifications that I don't think that the mere
12 pharmacological discussion about the drugs really
13 cover. But even more important I think there is
14 another point we have to consider. And back in the
15 time of Queen Elizabeth I, pickpockets were visited
16 with capital punishment, and it was notorious,
17 Everyone knew, the legal scholars of the day knew
18 that when they hung pickpockets in mass execution,
19 other pickpockets could be seen out in the crowd
20 plying their trade. That points out, I think, once
21 again, the old axiom about human behaviour, that the
22 very small probability of a sanction, no matter how
23 harsh it is, doesn't really affect human behaviour.
24 In the case of drugs one chance in ten thousand, or
25 perhaps a hundred thousand, of getting busted
26 or even one chance in a thousand if you would like
27 doesn't affect people's behaviour. Here in Alberta
28 they sentence traffickers to four and five
29 years on occasions under the idea that it
30

Number 1, the penalties today are much much harsher, the vigorous enforcement is much more obvious today. The zeal that the police and courts and public condemn the user and trafficker is much different now then it was in prohibition. There is a polarization today in society that didn't exist then. You are either straight, or you are not straight, and earlier today someone on the Commission asked why there was this social pressure to use cannabis. You wouldn't think in a live, and let live society subculture that that would exist. Well, it, exists simply because of the way the laws have been enforced. You don't trust people that don't smoke because they can bust you, You don't know if it is an undercover agent, you don't know who

1 it is. Consequently there is all kinds of social
2 pressure. It is a product of the system essentially.

3 I don't think frankly
4 that there is any other example that I can think
5 of in the whole history of western civilization with
6 so many people, so high percentage of young people
7 have been labelled criminals and dealt with so
8 harshly, and by society really. The effect then on
9 people say in their twenties and thirties isn't so
10 immense. It doesn't frighten me. Perhaps it
11 causes people to become -- those that are lucky
12 enough not to go to jail -- perhaps it causes them
13 to be cynical, perhaps even to have an utter contempt
14 for society and all the established forms of cohesion.
15 But what really worries me, in a sense, and maybe
16 it is also a hope for the future, is the effect
17 that the laws we have today are going to have in
18 fifteen to twenty years. Now for the first time we
19 have got ten and twelve and thirteen year old kids
20 in immense numbers smoking marijuana. The effect
21 is that at ten years old they consider themselves,
22 and are considered by society as outlaws. The effect
23 that this can have on people in the most formative
24 part of their life, and it must be just incredibly
25 immense, that the contempt and the hatred they have
26 for all the established forms of authority, the
27 police, all the institutions. It is just so obvious
28 that they can't be overlooked. We often argue that
29 if we legalize cannabis, you often hear the argument
30 that it will have a ...

1 profound effect on society, people will become
2 more introspective, more passive, and perhaps even
3 less competitive. It will hurt the whole business
4 structure of the society. Perhaps it will. But
5 I suggest, and I feel very strongly about this,
6 if we go on calling our ten and twelve year old
7 children outlaws and making them think that they
8 are outlaws, the effect that it is going to have
9 in a generation or two will be so immense we
10 couldn't possibly begin to measure it. They
11 will turn society upside down and destroy
12 institutions that have been built for thousands
13 of years. In order to save society as we know it,
14 we, I think, try to enforce these laws, but the
15 ultimate effect is that we have made society's
16 destruction, the civilization that we have now,
17 I think almost inevitable. And to continue I
18 think would be a gross gamble. That is really
19 about all I have to say.

20 MR. STEIN: You said at
21 the outset you were addressing yourself primarily
22 to the laws pertaining to marijuana. Do you feel
23 that there is a case, if I can put it that way
24 to you in terms of your profession, to be made
25 for dealing with marijuana separately and in
26 a different way than with other drugs?

27 PROF. JULIAN: I think
28 personally if I had dictatorial power, I would
29 deal with all drugs in different manners. I think
30 heroin has to be dealt with in a much different

1 manner from cannabis. We I think need some controls
2 on heroin. The present controls we have are totally
3 inadequate. We need a very intelligently administered
4 maintainance system for example with respect to heroin.
5 We may also have to continue making importation and
6 sale of heroin illegal. But the fact is, we can't
7 continue forcing people to rob apartments to get
8 the money to go out and buy heroin. We can't
9 continue to channel vast amounts of money into
10 the underworld by maintaining this protective
11 tariff essentially. I think the government
12 has all kinds of reasons for entering this field,
13 but we have to recognize that there are limits to
14 the reasonable use of the criminal sanction and we
15 haven't recognized it here, and we can't enforce
16 certain types of laws by using criminal sanctions.
17 But, if I may, I will say this: ultimately, I think,
18 perhaps in twenty or thirty years we will look back
19 on the way we are treating LSD now, much as we now
20 look back on the way we treated marijuana twenty
21 or thirty years ago. And I think the time will come,
22 although it is not now, that we will have to legalize
23 it. It is inevitable. For very much the same reason,
24 I think, legalization of marijuana is inevitable,
25 and essential.

26 MR. STEIN: Why would you suggest --
27 was this merely a prophetic statement?

28 PROF. JULIAN: When the public is
29 ready for marijuana to be legalized, yes.

30 MR. STEIN: Let me put the question to

1 | you, we have been trying to determine to what extent
2 | there is a phenomenon of what some people call
3 | multiple drug use. Apart from the question of
4 | causation, just what the extent of that phenomenon
5 | is, in all age groups, is ^{it} your view that it will
6 | take thirty -- why do you say thirty years? What
7 | is your understanding of the phenomenon of use of
8 | LSD, for example, at this time?

9 | PROF. JULIAN: That is a hard question,
10 | and perhaps it could best be answered by the expression,
11 | you know, that, "There is no force on earth that
12 | can stop an idea whose time has come." The legalization
13 | of marijuana and perhaps the legalization of abortions
14 | is an idea whose time has come. LSD, I don't think
15 | that ideas time has come just yet, although I do
16 | think criminalologically and socialologically and every
17 | other way, ultimately we will have to legalize LSD
18 | and standardize its production. I would like to see
19 | it right now frankly, along with mescaline, peyote,
20 | and a number of other drugs. Heroin, I think we are
21 | going to have to take a little different stance,
22 | a maintenance programme, but not quite the way
23 | they do it in England.

24 | THE CHAIRMAN: Gentleman
25 | at the microphone?

26 | THE PUBLIC: I have more or
27 | less a question which I am personally interested in,
28 | using a part of the brief just presented, you stated
29 |
30 |

1 that the zeal with which the police and other law
2 enforcement agencies come down upon people who use
3 dope, or in dope convictions, and having the under-
4 standing myself that you people are in one way or
5 another concerned with either amending the laws or
6 completely dropping them and bringing in new laws
7 concerning the various types of drugs; the laws under
8 which we are prosecuted are put forth by the Establish-
9 ment and a policeman comes to my door and he presents
10 himself as the "Law" and says I have committed a crime,
11 and he says I must go to jail. To do this he kicks
12 in my door, he beats on it with a flashlight, he
13 pushes my friends around, he puts me in an indignant
14 position. He is using the laws that I have to uphold
15 against me. He is perverting as such. And I was
16 wondering, a direct question, if this could be taken
17 into account in the amending of the laws in making it
18 easier on people convicted of possession of marijuana,
19 if the law could be more involved^{also} with protecting the
20 person who is convicted for possession of marijuana.

21 PROF. JULIAN: I would like to
22 suggest that the nature of the crime itself, if you can
23 call it a crime, makes it
24 /absolutely essential that techniques like kicking
25 in doors, using undercover agents, buying witnesses.
26 How else can you enforce a crime when you have nobody
27 complaining? Unless we legalize marijuana, we are
28 going to be stuck indefinitely with the same type of
29 law enforcement and morality squads are very vigorous
30 about it.

THE PUBLIC: Thank you.

1 THE PUBLIC: I would like
2 to address the Commission as a so-called member of that
3 underground who smokes marijuana, among other things.
4 And to me, one of the things that really stinks about
5 this law is the hypocrisy of the law. I personally
6 could be sent to jail for two years for just sitting
7 around in my basement and smoking a little bit of pot.
8 At the same time, a great many people in this province,
9 undoubtedly housewives and people who try to lose weight
10 by the use of pep pills amphetamines are being strung
11 out or addicted to this sort of junk legally. They go
12 out; they get a prescription. Some drug stores I know
13 in Edmonton will sell it across the counter. Now,
14 what can be done about laws that allow this sort of a
15 drug, a drug that is very, very damaging to the nervous
16 system; there should be plenty of medical evidence to
17 confirm this, that is addicting almost on a par with
18 heroin, and can leave you in a situation with brain
19 damage, nerve damage, great damage to the nervous system,
20 and yet I can be sent to jail for using a harmless
21 little flower, as somebody put it earlier this evening.

22 There are a few other things
23 I would also like to add to the gentleman, the criminologist.
24 It seems to me from my personal experience in
25 the last three years with those shaggy beats, that there
26 is no way that you can enforce your marijuana laws now.
27 And what is happening is, I know personally in Edmonton,
28 it started out with a little bit of grass and a taste of
29 LSD, but now there are drugs like MDA, STP, and in a few
30 cases, heroin and a little bit of cocaine. And people
have the odd habit of spiking the grass with DMT which^{just}

1 doesn't do good things to you at all, and opium. Now
2 a great many of us who are marijuana users, we don't
3 want our stuff salted down with opium and DMT, all we
4 want is a little bit of clean grass and no harassment.
5 And yet the law seems to be the grossest hypocrisy and
6 you are, in essence with the laws you have now, as the
7 gentleman over there said, "creating a generation of
8 outlaws."

9 THE PUBLIC: If we assume
10 for the moment that the Commission makes -- let's assume
11 you make a recommendation to the government that laws
12 regarding cannabis and its derivatives are made more
13 liberal so as to not become a criminal offence any more
14 and on the additional assumption that the government
15 acts on your recommendations, is there anything addi-
16 tional that can be done within our existing legal system
17 that can have the criminal records of those who are
18 presently convicted or who have been previously convicted
19 of this crime, eradicated, or does this require
20 special legislation? That is a direct question and I
21 would like to make a comment.

22 MR. STEIN: Could I ask you one
23 question in answer to that, in part? Are you concerned
24 with the offences for persons who are drug users or are
25 you concerned with the question in a larger sense about
26 the effect of the criminal record on any individual?

27 THE PUBLIC: Well, I suppose
28 the most general form of my question would be any act
29 that is considered a crime at a certain point in time,
30 that subsequently is not considered a crime, and the
law is removed to a misdemeanor or some other offence.
Is it possible for persons having been convicted

1 under that criminal act to have the criminal records
2 for that particular act repealed? Now, maybe they
3 have a long list of criminal charges, I am not talking
4 about those, but for that specific criminal charge
5 which no longer is a crime, can it be removed or does
6 this require legislation built into the repealing of
7 the act?

8 THE CHAIRMAN: I think the
9 general answer is that there is provision for pardon
10 in the Criminal Code, but I think the general answer
11 to your question is that it requires special legislation.

12 THE PUBLIC: Because my
13 concern is that if the recommendations that, I suppose,
14 for the sake of argument, do go through, that still
15 leaves a rather significant portion of our population
16 of people, whether young or old, who do have a criminal
17 record and the act for which they have been branded
18 criminals might not be a crime any more. And I think
19 that if this hasn't been brought to your attention before,
20 though I am sure it has, I would like to add, as my own
21 personal recommendation that something be said in your
22 deliberations about the possibility of granting complete
23 pardons for people who have been convicted for possession
24 and trafficking of the drugs that we have been discus-
25 sing. Thank you.

26 THE PUBLIC: Yes. About four
27 months ago, there was a case, I think, someplace in
28 Ontario, where an undercover agent actually forced a
29 young guy to sell him marijuana by borrowing some
30

1 money off him and refusing to pay him back unless he
2 sold him some marijuana. The case was thrown out of
3 court. I was just interested in --- is your assignment
4 concerned with the police methods of finding out who
5 ^{uses}/restricted drugs and things like that, and con-
6 cerned with the underhanded methods which they are
7 using sometimes to catch people?

8 THE CHAIRMAN: Yes, we
9 consider that we have to look at the law and its
10 application today in this field. Our terms of
11 reference require us to make recommendations --
12 first of all it requires to look at ^{the}/related social
13 factors and make recommendations to the Federal Gov-
14 ^{as to what it can do}ernment/alone or with others, and obviously I think
15 that this involves a consideration of law and not
16 just the law as it is on the statute books, but the law
17 as it is applied.

18 THE PUBLIC: Question, Mr.
19 LeDain. Will your Commission make its findings and
20 recommendations public without consulting the Federal
21 Cabinet, or will you first deliberate and consult them
22 and then make your recommendations public? What is
23 your procedure or have you decided on it?

24 THE CHAIRMAN: Well, we are
25 to report to the Minister of National Health and
26 Welfare and it is our function that both our interim
27 report and our final report will be made public. And
28 certainly we haven't been given to understand
29 the contrary. It is our expectation that our
30 interim report will be made public very soon, ^{and}/will be

1 tabled after consideration by the Cabinet and we our-
2 selves are preparing to make it widely available in a
3 special edition to the public. We are planning to put
4 it in a pocketbook. Now, that is our approach to the
5 thing; that is our assumption at the moment. But, you
6 know, I suppose, that you can't exclude the possibility
7 that some other decision might be made with respect to
8 our report. But that is our approach to it.

9 THE PUBLIC: You have heard from
10 a number of people this afternoon including pharmacists
11 who, as I understand, do not do independent research on
12 their own, and have no professional expertise other
13 than what they read and are told, as a matter of fact,
14 to make public statements, and I belong to a profession
15 that doesn't do any research either. So, I don't
16 pretend for a moment to be speaking from the standpoint
17 of a research person. I am a teacher. But, I would
18 like to comment to you that in my hand is a list of
19 publications available in the high school libraries
20 I selected, which give young people fairly accurate
21 information about the marijuana problem. I refer
22 particularly to The Scientific American Magazine,
23 to Science Magazine, to Science News, to name only three
24 that are easily available to high school students. Now,
25 the point is that as a teacher if I have observed the
26 young people correctly, there is a considerable credi-
27 bility gap opening between what pharmacists say and
28 what some well intentioned medical doctors say, such
29 as Dr. Anderson whom we heard today, and what these
30 journals tell them. Twenty years ago when I was in
 high school -- or more -- such scientific journals such

1 as Science or Scientific American were not available to
2 us. What I am saying is that young people know a great
3 deal more now than we used to and the result of this
4 is that the credibility gap between our legal procedures,
5 between what our courts are doing, what the police are
6 permitted to do, what doctors and pharmacists are
7 saying, the credibility gap is opening wider every day.
8 Now, I do hope, sir, that your Commission will be as
9 cognizant and remain as cognizant of the sociological
10 effects of the present laws concerning drugs in parti-
11 cular, and marijuana in particular, as you are of the
12 pressures from the individual groups, including the
13 medical profession. As a teacher I am very concerned
14 about the growth and spread of the use of drugs among
15 children of high school age. A gentleman who is
16 presently appearing before you said that the age of
17 drug users is extending well down below high school
18 age and it is my understanding that this is a correct
19 assumption. I am not sure that it would go down to
20 ten, sir, but it certainly is well down into the junior
21 high school level. It seems to me that unless there
22 are some significant changes made in the law, we are
23 headed into nothing less than the decline, if not
24 destruction, of the belief that our young people have
25 in the efficacy of our Parliament where it is not even
26 in tune with what is going on in the country, the
27 efficacy of our courts, laws and legal procedures; a
28 social revolution is in progress. Thank you.

29 THE CHAIRMAN: Thank you.

30 I understand -- excuse me for just a minute. I

1 understand that we are required to leave this room
2 at six and that there is another scheduled submission,
3 and I think perhaps I should thank you, Professor
4 Julian. There is a good deal more we could cover
5 in the scope of your submission but you have been
6 very helpful. I would call on Dr. David Craig. If
7 Dr. David Craig is here, if he would be kind enough
8 to sit at the table.

9 Excuse me, there was a lady
10 at the microphone whom I had recognized.

11 THE PUBLIC: I would like
12 to ask just one question of one of the young people
13 present. They seem to very concerned about the social
14 implications ^{that} if they break the law, of course they
15 are criminals which I think is regrettable. However,
16 I think they are a little unfair and I would like
17 their opinion about this, in blaming society in saying
18 "You are making us outlaws; you are doing this." They
19 have a choice, I would say, if they want to smoke a
20 little pot in their basement, fine, but they realize
21 the risk that if they are caught then they are subject
22 to ^{criminal} a/offence. And you have to choose if you want to
23 smoke ^{pot} in your basement or whether you want to graduate
24 at the present time. Now I personally don't agree
25 with legalization, that doesn't matter, I think if
26 you think it is a bad law, if you think we have a bad
27 law, by all means work to change it, if you honestly
28 think this, this is your right. But don't break the
29 law while you are trying to do it, you see, because if
30 you do knowingly then you have nobody to blame but

1 yourself because you have a criminal record.

2 THE PUBLIC: I have a
3 criminal record.

4 THE PUBLIC: I don't want to
5 waste time to keep it straight. You make the choice,
6 we don't, or the straight society doesn't. That is
7 your decision, though. Don't blame someone else if you
8 get caught, if it's against the law. This is all I
9 am saying.

10 THE PUBLIC: Sometimes it is
11 the way you get caught.

12 THE PUBLIC: This could be
13 true. This is the other point. The young gentleman
14 says a policeman breaks down his door, and puts him
15 in jail. Now the policeman does not put you in jail,
16 the policeman arrests you on what he thinks is good
17 evidence and you are taken to court and the judge
18 puts you in jail or the magistrate.

19 THE PUBLIC: No.

20 THE PUBLIC: If the policeman
21 abuses you, which he should not^{do}/then you have every
22 right to go and complain, and believe me, I would be
23 the first one to do it if a policeman pushed me around.
24 Any policeman coming to my house. I have done it.
25 Not for smoking pot, but something else where the
26 policeman had something he had no business in doing,
27 and I went to the Chief Constable and I got a letter of
28 apology.

29 THE PUBLIC: Have you ever
30 had it when he pried your jaws open with the flashlight?

1 THE PUBLIC: That's right.

2 I would certainly go the next day and that's your
3 privilege.

4 Thank you.

5 THE CHAIRMAN: I am sorry,
6 I must give Dr. Craig -- at least the last ten
7 minutes of our hearing. He has waited all day or a
8 good part of the day.

9 Dr. Craig?

10 DR. CRAIG: Mr. Chairman,
11 first of all there are about three items I want to
12 discuss today. I don't think it is generally realized
13 amongst the younger generation of the harassment that
14 goes on with the medical profession by some of the
15 Federal authorities when we try and cope with some
16 of the people who are addicted and I wish to draw
17 this to your attention by, first of all, showing you ---
18 and I don't want to distribute this to everyone,
19 because most of it is confidential. First of all, a ^{letter} /
20 from the National Parole Board asking me to treat an
21 ex-heroin addict who was on methadone, on their
22 behalf. That is the first letter from them.

23 Then secondly, another
24 letter from Ottawa from the Department of National
25 Health and Welfare, Narcotics Control, from Mr.
26 Hammond, who is generally disliked ^{most of} by / the medical
27 profession because he tends to ride us like hell.
28 The first thing is this ^{that} / he wants to say -- perhaps
29 the first point I should clarify is there is no thought
30 on the part of the Department to interfere with the

1 physician in prescribing of these forms of medication.
2 This is methadone. He then goes through this and I
3 was going to read you a lot of this but, unfortunately,
4 we are professionals.
5 He then goes on and he gives me
6 a three-page lecture on what we should be doing with
7 methadone.

8 MR. STEIN: Have you had
9 some indication ---

10 DR. CRAIG: Yes, he's
11 suggested here that for example, the information before
12 the Department in Ottawa has demonstrated repeatedly
13 one or perhaps all of the following situations develop
14 when methadone is provided for self-administration to
15 addict patients; one of them is initially, ^{the} individual
16 may be able to carry on for a limited time and then
17 it's not long until the individual becomes dissatisfied
18 with ^{the} euphoria produced by the methadone. This he then
19 starts overcoming by dissolving the medication and
20 injecting it. And then he says this creates problems.
21 Then he says that there is another problem which
22 arises, the methadone addict starts to get hooked on
23 barbiturates, Tuinal, Membatol.

24 And then I had asked him
25 at that time to come and see ^{us} because we were getting
26 deluged with people from the Vancouver, from British
27 Columbia Narcotic Addiction Centre who are coming
28 through Edmonton at the present moment. So he said,
29 "I would indeed appreciate having the opportunity of
30 discussing with you some of the difficulties, and un-
fortunately it is ^{im-}possible for me to come to Edmonton,"

1 Which is one of the hazards of having a Federal
2 Government in Ottawa.

3 Then at the end he said
4 --- I was criticizing which I will do in a few minutes
5 in greater detail, if I have time, the way in which
6 information is relayed to Ottawa, and the incompetence
7 really of the classification of things like prescrip-
8 tions. This is probably the easiest thing that can
9 be done. And then finally he brings up the famous
10 experts committee on drug dependence, The World Health
11 Organization, which he cut out and sent me a copy.
12 When I got this, I was not very happy and I took the
13 liberty of writing to the Narcotic Addiction Foundation
14 of British Columbia who wrote me a letter back sending
15 me their current treatment programmes, saying that
16 with some people they have gotten them on to methadone
17 and you know, certain people should be continued on
18 this and, you know, generally sort of encouraging
19 them.

20 THE CHAIRMAN: I wanted to
21 understand, Doctor, and I think we can get a little
22 more time perhaps and a little bit of play in the
23 joints on the time, but I am wondering, you mentioned
24 the word harassment by the Federal authorities. What
25 in connection with this methadone treatment ---

26 DR. CRAIG: May I just
27 continue? Then I got a letter from the Canadian
28 (portion unintelligible) / which is the
29 Federal Penetentiary for the treatment of heroin
30 addicts who get sent there prior to their release

1 for intensive psychotherapy, at least this is the idea
2 behind it, although I understand from patients you can
3 get heroin in there as well. And on this he says in
4 one part here, "And I am sure you won't mind that." He
5 says, "Since the opening of this Institution, our
6 therapeutic knowledge has been to help the inmates
7 function and to appreciate society after discharge
8 and while treatment still is orientated, although
9 there is still some question in my mind as to whether
10 moridity infractures is very realistic in the treatment
11 of heroin addiction and we are considering the use of
12 a number in the future."

13 And then I have got another
14 letter here dated December 31st asking me for details
15 on a certain patient. I have got a letter here on
16 January 14th acknowledging the reply to that letter.

17 Then I have got another
18 letter here on January 26th, asking why I hadn't
19 replied to the previous letter of December. And then
20 finally on February 16th, I got another letter back
21 here saying in view of this --- saying "we still haven't
22 heard from you," in spite of that letter acknowledging
23 they heard from me. They say, "It now becomes my duty
24 to inform you that the information requested is now
25 being solicited under the narcotic control regulations".
26 Then I get a letter about February 20th --- this time
27 I was prepared to go to Ottawa and raise hell. On
28 February 20th I get a letter about another patient, and
29 on the end of it they typed a little paragraph saying
30 "Incidentally, please ignore our follow-up letters

1 dated January 26th and February 16th. Some of our
2 previous correspondence has been misfiled and has
3 caused us confusion. Please accept our apologies
4 for the inconvenience caused by this clerical error."
5 Now this over a three month period put me under con-
6 siderable stress, not only from the point of view of
7 treating the addicts, but also largely because they are
8 coming through Edmonton in increasing amounts.

9 There is no adequate way to
10 treat these people. Nobody in this City is prepared
11 to put them on methadone in large amounts in a
12 scientific manner, i. e. controlled. I have a fairly
13 good relationship with the R.C.M.P. Drug Squad and
14 anybody who wants to come for treatment, phone me. I
15 don't do it now because it has become such a damn
16 nuisance and this is what can happen, you
17 know, I would say to the patient, "Well, if you want
18 treatment from me/the " only thing I demand is I tell
19 the R.C.M.P. and this way it keeps everything on the
20 level, and this is a very good relationship. Then I
21 get a call from the College of Physicians and Surgeons
22 saying did I know I prescribed a great deal of methadone.
23 I said, "Yes, I did" and they said "Well, the Pharmacy
24 people are complaining because they had a call from
25 one of their drug stores, and they are complaining
26 about one of your prescriptions." And this sort of
27 lecture went before I had time to speak, you know,
28 "This is worth some \$500.00 on the black market", and I
29 said "Well, this is very interesting because the Drug
30 Squad just sent me this person just half an hour ago,"

1 and so there is a complete lack of understanding what
2 is involved, down to its grass roots level by the
3 people who make decisions at the top, and this is the
4 first point I wanted to make about the handling of
5 heroin --- ex-heroin addicts using methadone.

6 THE CHAIRMAN: There is
7 concern, I take it, from the correspondence that there
8 has been evidence of concern in the Department about
9 illegal trafficking in methadone, and a suggestion
10 that they would prefer to have close supervision, in
11 other words, close supervision by the physician
12 maintained over the patients so as to minimize the
13 possibility of --- do you feel this concern is ---

14 DR. CRAIG: This is one
15 problem I have run into here with the northern worker.
16 You get someone out of jail and it is extremely ^{difficult} for him
17 to get a job and often he has to take a job, any job
18 that he can get, and that may usually be in a northern
19 community, and this particular thing, it ^(unintelligible) was in
20 and you cannot, and I don't think there is any justifi-
21 cation because he can make a killing if he wants to
22 put this into the black market. I don't think you
23 should refuse him medication because this is extremely
24 difficulty because they now offer no postal service,
25 there is no way you can get them up there, and the
26 patients treated have been contented to go along with
27 R.C.M.P. Drug Squads here and they are not very happy
28 to let the local R.C.M.P. sort of a hundred miles away
29 from the site know that they are on methadone because
30 they are afraid they will come to the camp to check on

1 them and immediately the employer will find out and
2 they will lose their job and this is sort of a revolving
3 situation, and most of these people are frightened.
4 Most of them have been through the sort of type of
5 police treatment you have mentioned today where the
6 door gets flattened.

7 MR. STEIN: Could you
8 indicate what --- to what extent the Medical Association
9 here in the Province has concerned itself with this
10 question that you are raising?

11 DR. CRAIG: I think until
12 recently this wasn't really a problem. I think what
13 has changed everything (< (unintelligible)
14 in the States are advocating rather idealistic ally
15 to give these people long term psychotherapy; that many
16 of them function very adequately on large doses of
17 methadone, and that this is probably the treatment
18 called for among heroin addicts. Because they are
19 doing this in B.C. these people move around the
20 country. They come in here, and one of the big problems
21 is you get a reputation for giving out methadone and
22 this reputation just doesn't stay in Edmonton. I got
23 a person a few nights ago who got my name from Toronto
24 and the amount of red tape involved, it just doesn't ---
25 it just isn't economically feasible. You have got to
26 have enormous staff and you have got to have information.
27 You have got to have a computer really to keep tabs
28 on these people. It doesn't necessarily mean to say
29 you have to treat these people and I think just because
30 it is --- I think you should treat these people--just

1 because society has doubts about this, that you should
2 not treat them, you know.

3 MR. STEIN: Well, what I
4 was trying to elicit, was to what extent the medical
5 profession here in the Province is trying to come to
6 some understanding of how they might be more coordinated
7 in their own approach to this?

8 DR. CRAIG: I think really
9 they haven't. I should have said more if I had more
10 time, but I ^{am} running a psychiatric clinic and I run
11 into this thing on 97th Street where I am involved.

12 THE CHAIRMAN: What do you
13 think, assuming the continuing application of methadone
14 treatment, and maybe its increased use, what is the
15 answer to the problems you have had to cope with in
16 terms of the view which the Federal authorities have
17 taken of their responsibility and your professional
18 necessities, what is the answer?

19 DR. CRAIG: I think one of
20 the things the Federal Government has to do is it has
21 to speak with one voice, at least collectively. There
22 shouldn't be this sort of the Parole Board saying the
23 one thing, the medical people say another thing, the
24 Food and Drug people say another thing. You know, this
25 is very difficult to operate under. This sort of
26 thing I hope --- this is one of the main reasons I
27 came today. I hope you people will clarify this.
28 Secondly, I think it is essential I get information on
29 one of these people within a week and not within twelve
30 months as at present. I mean, this is hopeless. On

1 the back there you will see a list of medications as
2 we receive them. And this comes in in four months
3 time. This is no good to me. I need to know within
4 four days and with computers now this could be done
5 very easily, you know, prescriptions could go out.
6 This is a useless way to write anything. Right now
7 I write notes on my prescription pad, it is very
8 inconvenient. In fact these are not numbered as the
9 Pharmaceutical Association have said, they are easy
10 to forge, you know, and really they should be numbered,
11 they should be probably in triplicate, the drug store
12 should keep one, the doctor should keep one and one
13 should go to Ottawa and put in the computer. Now I
14 know that this is, you know, getting into a very dicey
15 sphere, but I do think that something has to be done
16 because the other alternative is bedlam.

17 THE CHAIRMAN: Yes. Well,
18 this is a particular important case, I guess, of the
19 multiple prescription problem which, you know, has
20 been brought to our attention about which something
21 has to be done if possible. And here it is quite
22 serious. And in other words, there are instances of
23 people obtaining methadone from more than one physician
24 and you are not getting information sufficiently
25 promptly to monitor it?

26 DR. CRAIG: That is right.
27 Four months later we get a letter from Hammond in
28 Ottawa saying "Did you know so-and-so?" I mean four
29 months is useless. We need it in that week.

30 THE CHAIRMAN: It is very

1 helpful to know of this problem. But part of a larger
2 problem, prescription control and information
3 dissemination, the whole field that you are trying to
4 think through.

5 Doctor, I wondered if we ---
6 would it be possible for you to give us copies of
7 these letters, send them to us?

8 DR. CRAIG: Unless you would
9 want to take those copies and send them back.

10 THE CHAIRMAN: Would it be
11 all right? We would return them.

12 DR. CRAIG: The other thing
13 I was going to talk about was skid-row, alcoholism
14 and drug abuse which is a problem. I don't know
15 whether you would want me to do this. Mrs. Reddick
16 who came with me is the nurse --- one of the nursing
17 social workers down on 97th Street.

18 THE CHAIRMAN: I think it
19 would be helpful to hear something of that.

20 DR. CRAIG: Well, one of
21 the big problems as you are aware with alcoholism, is
22 that there has been a tremendous selling job. That the
23 only way to stop drinking is to give up completely, and
24 to a proportion of the population this just does not
25 work. It tends to be people who come from certain
26 specific skills like building trade normal workers.
27 Alcoholics Anonymous who have probably had the best
28 success in the treatment of the alcoholic are basically
29 very much a middle class type of an organization. There
30 is a recent article published in, I think it was the

1 Alcohol Studies, two studies, one done in the States
2 and one in Britain, and my main object was to try and
3 find alternative ways of treating the alcoholic who
4 had drifted down into what we call 97th Street here
5 which is the skid-row area of any city. Any treatment
6 attempts in Canada from Toronto to Vancouver, in the
7 past, have entailed considerable expense, considerable
8 number --- or a considerable grandiose facilities to
9 handle these people. A lot of them still won't come.
10 So what it was decided to do was to try and find a way
11 of getting through to these people, actually literally
12 in the street, and they start to run into 97th Street
13 in a store front down there. The object of the clinic
14 as we set it up was primarily to offer front-line
15 medical care to people in this area, most of whom are
16 alcoholics in various stages of alcoholism withdrawal
17 or intoxication, but along the way picking up the
18 pneumonias, tuberculosis, and various other diseases.
19 We have three cases which have turned up.

20 Now the second problem was
21 to medicate these people and to try and find a way of
22 keeping them out of hospital because they go in on a
23 revolving door principle which is extremely to get
24 them in and out of hospital. The policy of the present
25 Government has made 97th Street much worse in that they
26 have --- they are trying to empty out the mental
27 hospitals by about a third, and a lot of these people
28 are now drifting into --- a lot of these people with
29 limited intelligence or borderline psychiatric problems,
30 unemployable, are drifting into the 97th area, skid-row

1 areas as well and on top of the normal alcoholic
2 population.

3 Then in Edmonton as in some
4 other northern cities there is a peculiar problem of
5 the northern worker, usually unmarried, usually
6 working for five, six, two months of the year on jobs
7 like oil rigs, often in the kitchens, coming into
8 Edmonton with maybe \$1,000.00, \$2,000.00, \$3,000.00
9 in his pocket and feeding this money into the skid-row
10 area. At the end of two weeks, which is the average
11 time it takes them to dispose of \$2,000.00, \$3,000.00,
12 he would then have been drinking for about a two-week
13 period, very heavily, five to six bottles of wine or
14 three or four bottles of rye a day. He would then
15 get the opportunity to go north again, would come in,
16 be ill, sick, not able to go, and one of the things
17 we were trying to tackle was whether in fact using
18 medication we could hold these people to such a state
19 that if a job did come up, they could go. So on this
20 sort of basically theoretical consideration, we started
21 off this clinic. Well, the first thing we started was
22 we had to give these people medication on a daily
23 basis. The next thing was we found that if we did it
24 as (unintelligible) did it down in the States with
25 heroin addicts, that we had to give them a lot of
26 medication.

27 MR. STEIN: What kind of
28 medication?

29 DR. CRAIG: The medication
30 we decided eventually on to use are three main drugs;

1 the sleeping pill that we chose was Miquelon (Mandrax)
2 type drugs. This is an antihistamine mixed with one
3 of the lesser habituating sleeping tablets. This is
4 what we were using at night for them to sleep. And
5 we were using Librium in large doses. By this, two,
6 three, hundred milligrams a day or even more. And
7 about last November, Poulenc introduced a new drug
8 called Neuleptil which we started off using, and we
9 tried it out on some of these real chronics and to our
10 astonishment there was a dramatic improvement for
11 people who had been fighting the police, and fighting
12 this and fighting that, they came in and said they
13 felt much better, and using this in conjunction with
14 Librium, the Neuleptil is, as far as we know, non-
15 addictive. It is a phenothiazine type drug. It
16 is a derivative of Largactil. It has been on trial there
17 for about four years and then it came to Canada.

18 Then immediately we found
19 that by using large doses of drugs, we were able to
20 control these people and that the admission rate from
21 the general hospitals to the mental hospitals stopped
22 irradically. But as the admission rate dropped, our
23 problems began to rise, because the patients began to
24 walk around for a day with a total of twenty or thirty
25 pills in their pockets, because on top of the
26 tranquillizers and the two or three sleeping pills
27 that we gave them, we also had to give them anti-
28 biotics and then we had to give them vitamins and
29 these multiple little pills, you know, became an
30 absolute curse and we started getting reports from

1 the police, the Salvation Army, Welfare, you know,
2 everybody said "My God, what is going on?" But we
3 think about 20% of the patients are using them. The
4 rest, there has been dramatic improvement in these
5 people. They will start wearing a tie. We have got
6 one person who has never been sober out of jail, he
7 has been ^{and out of} in/jail for the last twenty years, but he
8 is sober, so we were sort of encouraged by this. And
9 this brings me to the next point. When we set this
10 up, we originally tried to interest some of the
11 agencies in sending someone down on a mutual basis
12 to find out what we were doing and this goes back
13 to one of the previous speakers talking about this,
14 you know, the importance of evaluation, because every-
15 thing I am telling you is, you know, subjective and
16 we have no way we can improve this one way or another.
17 Or we could tamper with statistics and we have to be
18 very careful, if we ever did start producing statistics,
19 Because one thing these people do not like is to
20 be asked questions, and we don't want to ask them if
21 they have been in jail because 95% of them have been
22 in jail in various forms.

23 So we got the criticism
24 and the criticism got so bad we were investigated by
25 the Morality Squad and, you know, they came, they
26 talked to pharmacy people, they talked to colleges
27 and the people at the top who knew what was going on,
28 the level of the Ministerial people knew what was
29 exactly going on and the thing about this is we were
30 to show a high rate of morbidity infractures going on

1 at government hospitals, which has an investigation
2 going on at the moment which didn't help matters at
3 the level of relationship at the hospital. This is a
4 matter in itself. The fact that it doesn't seem to be
5 generally realized that at most of the skid-row areas
6 in the big cities, are in fact a sort of an adjunct to
7 the mental hospital in that a lot of these people are
8 walking psychiatric cases and that they really require
9 treatment. It is obviously expensive to institution-
10 alize them. If you can keep them on the streets on
11 medication even though you are allowing for the fact
12 that 20% or 30% have abused the thing, it is cheaper
13 in our estimation to do it this way.

14 One of the other problems
15 we have had is, we have sent people down to the
16 Alcoholics Anonymous had counsellors down there
17 without medical knowledge take our patients off
18 medication. We have had patients on the non-medical
19 depressant drugs and of course Alcoholics Anonymous
20 don't approve of drugs really in any way, shape or
21 form, in any way to cure alcoholics. You know, this
22 is the old argument they have. And, you know, we have
23 had one patient try to commit suicide that was taken off
24 drugs down there.

25 We asked the hospital if we
26 could have a social worker and they said we couldn't
27 because we were a profit enterprise, and you know,
28 this is rather critical in the way Government thinks ---
29 and it says we want the community organized, we want
30 action groups, we want the community involved.

13 DR. CRAIG: Teach them to go
14 into bars because this is where their friends are and
15 the Government has to do things like this and they
16 have settlement areas, and it does not work for the
17 people alone. They meet their friends coming in from
18 a bar, so we have to teach them to go and live in
19 this environment. We have seen this happen so often,
20 the people get arrested and go to hospital or one of
21 the treatment centers in our Province and do very well
22 there, and come out, and within a week they are back
23 drinking. They are not coming to us earlier asking
24 for medication as an alternative. Another thing which
25 rather distresses us again which is a Federal Government
26 Department, is the use of advertisements on television
27 for Canada Manpower saying what a helluva job they are
28 doing--good job they are doing--and they are in fact
29 doing a lousy job, and they are not creating jobs for
30 people in this area. The people at Manpower do not

1 care ; they do not give any special consideration because
2 people have a psychiatric condition or have an alcohol
3 problem. There is no communication between us and them.
4 We can get these people dried out. We hear repeatedly
5 that the thing that starts them off drinking again is
6 lack of stimulation and this has been agreed with. There
7 is just literally nothing to do. And just particularly
8 from the point of view of --- I don't want to get
9 involved in marijuana, but some of the alcoholics
10 who have tried marijuana say they have benefited from
11 it and this is why in any sort of investigation
12 programme, this should be tried in a controlled area
13 to find out whether in fact marijuana, in an ordinary
14 environment, may be in fact beneficial. This has not in
15 fact been done to my knowledge. And again, one of the
16 big problems of people living up north is boredom.
17 I have lived up north myself for eight years and I know
18 exactly what happens up there. People drink up there
19 because there is nothing else to do, and they start
20 missing jobs and they go into the alcoholism pattern.
21 There seems to be a lot more evidence that alcohol is
22 a lot more dangerous from the medical point of view
23 than marijuana, and therefore these are things that
24 might be tried. We have mentioned in/^aprevious brief
25 that there are drugs like 222^band Somnex which you
26 can buy straight across the counter which are dangerous
27 and should not be sold in the quantities that they are
28 sold in. The second thing is this. At the present
29 moment, a lot of people are being locked up, people
30 who are bright, intelligent and have done nothing more

1 than use marijuana or get picked up on acid. The only
2 thing I have to say about this is that if these people
3 are there, and are not being utilized at the present
4 moment, perhaps this is the way to end intoxication
5 centres and treatment centres in the future and use
6 these people on a day basis on probation from the
7 penetentiary, as street workers.
8 Alcoholics are now going to jail on a mandatory charge.
9 These people are not criminals basically as we know them.
10 I cannot see why a lot of these programmes which the
11 Government start off; they do not take advantage of
12 what material is available to them, rather let these
13 people anguish in jail. I think I had better stop
14 now.

15 THE CHAIRMAN: Thank you
16 very much; that is very interesting. Mrs. Reddick,
17 would you like to add anything?

18 MRS. REDDICK: (portion
19 inaudible) Well, you know the alcoholism and drug
20 situation is just alarming and that is all I would
21 like to say at this time.

22 THE CHAIRMAN: So this is
23 the use of medication to deal with the addiction, to
24 try to use literally on the condition.

25 DR. CRAIG: You see we
26 could find somebody a job rapidly. If we had somebody
27 ready to go to a job in Yellowknife, say, we can take
28 them off the drug because once he is on the job he
29 does not need anything. We see this time and time
30 again. But once he is on alcohol it takes ten weeks
 to dry him out.

1 THE CHAIRMAN: But this is technically
2 medical use of drugs?

3 DR. CRAIG: Well what I am
4 saying is the problem of using maintenance techniques
5 because these people are not just taking alcohol,
6 they are also using hard drugs and ---

7 THE CHAIRMAN: Yes, but
8 could you technically include medical use where you
9 are using the drug for maintenance?

10 DR. CRAIG: Our medical
11 use is maintenance and countenance the non-medical
12 use because we do not give them legally.

13 THE CHAIRMAN: Right. So
14 it is just on the line between the two.

15 DR. CRAIG: Yes, this is
16 right.

17 THE CHAIRMAN: It is a
18 special category.

19 MR. STEIN: Do you have any
20 views on heroin maintenance?

21 DR. CRAIG: I think that
22 they are extremely difficult to manage and certainly
23 on some applications have seen it done very well and
24 I think it is again ---

25 MR. STEIN: Some of the
26 patients you have seen?

27 DR. CRAIG: Some of the
28 people that I have treated have been on it for four
29 years. You meant methadone or heroin?

30

1 MR. STEIN: No, I meant
2 heroin maintenance. I realize you don't have that
3 here. I was wondering if you had any views about it?

4 DR. CRAIG: No. All I have
5 read about it is in British reports and so on.

6 THE CHAIRMAN: Well, thank
7 you very much, Doctor and Mrs. Reddick. I now declare
8 this hearing terminated. Thank you all for your
9 assistance today.

10 --- Upon adjourning at 6:20 p.m.
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